DEPT.-65

JOB- 28

REEL- 20

CITY OF BALTIMORE

HEALTH DEPT.

BUREAU OF

VITAL STATISTICS

BIRTHS

BEGINNING 1875

KP 23007

CITY HALL
BALTIMORE 2, MARYLAND

DEPARTMENT OF LEGISLATIVE REFERENCE

RECORDS MANAGEMENT DIVISION

DECLARATION OF INTENT

THE CITY RECORDS MANAGEMENT OFFICER HEREBY DECLARES THAT THE RECORDS MICROFILMED HEREIN, ARE ACTUAL RECORDS OF THE DEPARTMENT OF HEALTH BUREAU OF VITAL STATISTICS CREATED DURING THE NORMAL COURSE OF BUSINESS AND THAT THE MICROFILM WILL BE INSPECTED TO ASSURE COMPLETENESS OF COVERAGE, AND THAT:

THE MICROFILMING OF THE RECORDS IS ACCOMPLISHED AS PROVIDED FOR IN REQUEST FOR RETENTION PERIOD, AUTHORIZATION NO. 346 AS APPROVED BY THE RECORDS COMMITTEE IN ACCORDANCE WITH ORDINANCE NO. 1096 APPROVED BY THE MAYOR ON JUNE 4, 1954.

FORM RM-1 (11-55) RETAIN—PERM.

REQUEST FOR RETENTION PERIOD

To: Records Management Officer
Room 408, City Hall, Baltimore, 2, Md.

Authorization No. 346

Department: Health

Bureau: Vital Statistics

Record Identification

1. TITLE:	2. Form No. if available	3. Type—(cards, paper, etc.)
Certificate of Live Birth		Bound Book

4. Dates	5. Volume accumulated yearly	6. Size of Record	7. Number of copies made
		Misc.	

8. Authorization Requested (check only one (1) of the squares below)

A. ☐ Establish retention period for records which are accumulating daily.

B. ☐ Dispose of present accumulation, no additional accumulation anticipated.

C. ☐ Microfilm and destroy originals.

D. ☒ Microfilm and retain originals for length of time indicated below.

9. Recommended Retention Period a. In Dept.	b. In Storage Center	c. Total	10. Equipment and space freed.	11. In your opinion does this record have any historical significance?
70 yrs.	Micro. Perm.	70 yrs. and Micro. Perm.		YES ☐ NO ☒

12. DESCRIPTION OF RECORD: (describe accurately and show recommended retention period.)

These are vital records known as Certificates of Live Birth, required by statute to be registered with the Baltimore City Health Department within several days after the occurrence.

RETENTION PERIOD REQUESTED: Microfilm all Certificates in duplicate retaining the film permanently, and store the duplicate rolls of film for security purposes.

Retain original birth certificates Seventy (70) years after date of registration, and then destroy after microfilming.

Department or Bureau Approval — Title: Commissioner of Health — Robert E Farber — 3/28/63 Date

Recommendation of Records Management Officer

13. Recommended Retention Period a. In Dept.	b. In Storage Center	c. Total	14. Disposal Method A. To be sold as scrap or waste paper	B. To be Burned or shredded	C. Historical, (to be transferred to Dept. of Legislative Reference.)
70 yrs.	Microfilm Permanet	70 yrs. and Microfilm Permanent	☐	☒	☐

REMARKS: 2 negative Rolls + Positive Roll

C P Poole — Records Management Officer — 3/28/63 Date

APPROVALS OF RECORDS DISPOSAL COMMITTEE

KINDLY RETURN TO: RECORDS MANAGEMENT OFFICER
ROOM 408, CITY HALL, BALTIMORE 2, MD.

1. APPROVED: CITY AUDITOR

2. APPROVED: CITY SOLICITOR

3. APPROVED: CITY COMPTROLLER

4. APPROVED: CITY TREASURER

5. APPROVED: DIRECTOR, DEPT. OF PUBLIC WORKS

6. APPROVED: DIRECTOR OF THE MUNICIPAL MUSEUM

7. APPROVED: DIRECTOR, DEPT. OF LEGISLATIVE REFERENCE

FILED ON FILM

IN

NUMERICAL ORDER

81806

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
SEP 18 1885
BALTIMORE MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	
Sex, (state whether male or female)	Male Female
Race or Color, (if not of the white race)	Colored
Date of Birth,	Sept. 14, 1885
Place of Birth, (Street and Number)	Baltimore 30 China street
Full Name of Mother,	Alverdice Scott
Mother's Maiden Name,	Alverdice
Mother's Birthplace,	Baltimore
Full Name of Father,	Stephen Scott
Father's Occupation,	Oyster Shucker
Father's Birthplace,	Baltimore
Name of Medical Attendant, or other Person who makes this Return	Sarah Ann Brown
Address,	47 China Street
Remarks,	

ERS AND STATIONERS

RETURN OF A BIRTH.

81807

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) Colored

3. Date of Birth Sept 18th 1885

4. Place of Birth, (Street and Number) # 16 South [illegible]

5. Full Name of Mother, Harriet A Finlayson

6. Mother's Maiden Name, " " Straun

7. Mother's Birthplace, Baltimore Md

8. Full Name of Father, Samuel A Finlayson

9. Father's Occupation, Steward on Ship

10. Father's Birthplace, Nassau

Name of Medical Attendant, or other Person who makes this Return. J E. Brooks MD

Address, 241 E Baltimore St

Remarks,

HEALTH DEPARTMENT, OCT 7 1885, BALTIMORE, MD

for each offence to be recovered as other fines and forfeitures are recoverable.

& Co., City Printers and Stationers.

RETURN OF A BIRTH

(Over) 81808

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether ~~1st, 2d, 3d, &c.~~) Second (2d)

1. Sex, (state whether male or ~~female~~) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, September 19th 1885
4. Place of Birth, (Street and Number) No. 8 Windsor Street (Gaulon)
5. Full Name of Mother, Mrs. Rachel Virginia Stone
6. Mother's Maiden Name, Miss R. V. Dorritt
7. Mother's Birthplace, Baltimore County Md.
8. Full Name of Father, Mr. Charles W. Stone
9. Father's Occupation, Huckster
10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other Person who makes this Return. Wm H. Clendinen M.D.

Address, No 102 N Broadway

Remarks, Full name - Charles Wesley Stone

HEALTH DEPARTMENT SEP 19 1885 BALTIMORE, MD.

for each offence to be recovered as other fines and forfeitures are recoverable.

..., City Printers and Stationers.

RETURN OF A BIRTH

81809

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

BOARD OF HEALTH
SEP 19 1885
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	
Sex, (state whether male or female)	Male
Race or Color, (if not of the white race)	Colored
Date of Birth,	Baltimore
Place of Birth, (Street and Number)	China Street 56 Baltimore
Full Name of Mother,	Alverdia Scott
Mother's Maiden Name,	Alverdia
Mother's Birthplace,	Baltimore
Full Name of Father,	Stephen Scott
Father's Occupation,	Oyster Shucker
No. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other Person who makes this Return	Sarah Ann Brown
Address,	# 47 China St Baltimore
Remarks,	

ERS AND STATIONERS

81810

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
OCT 7 1885
BALTIMORE MD

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	first Child
Sex, (state whether male or female)	Male Child
Race or Color, (if not of the white race)	White
Date of Birth,	19 of September
Place of Birth, (Street and Number)	380 Pennsylvania
Full Name of Mother,	Annie Bly
Mother's Maiden Name,	Annie Erich
Mother's Birthplace,	Baltimore
Full Name of Father,	John Bly
Father's Occupation,	tinner
Father's Birthplace,	A Germaney
Name of Medical Attendant, or other Person who makes this Return	Mrs Ida Sadler
Address,	No 5 New street
Remarks,	

NTER & STATIONER, BALT.

81871

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Sept. 20 / 8[illegible]
4. *Place of Birth, (Street and Number)* 29 Market Space
5. *Full Name of Mother,* Katherine Flynn
6. *Mother's Maiden Name,* " Murry.
7. *Mother's Birthplace,* Ireland
8. *Full Name of Father,* John Flynn
9. *Father's Occupation,* Saloon Keeper
10. *Father's Birthplace,* Ireland

Name of Medical Attendant, or other Person who makes this Return. Edward P. McDevitt

Address, 524 Aisquith St

Remarks,

HEALTH DEPARTMENT, OCT 7 1885 BALTIMORE, MD.

for each offence to be recovered as other dues and forfeitures

No., City Printers and Stationers.

81812

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, OCT 1 1885 BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Seventh

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth September 21. '85
4. Place of Birth, (Street and Number) 294 McDonogh st
5. Full Name of Mother, Grace Shipley
6. Mother's Maiden Name, Rose
7. Mother's Birthplace, Balto Md
8. Full Name of Father, Wilson G Shipley
9. Father's Occupation, Blacksmith
10. Father's Birthplace, Balto Md

Name of Medical Attendant, or other Person who makes this Return. Mary A Allwell

Address, 286 McDonogh st

Remarks,

...of persons who shall ... for each offence to be recovered as other fines and forfeitures are recoverable.

...& Co., City Printers and Stationers.

8111[illegible]3

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT, OCT 9 1885 BALTIMORE, MD

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd Child

Sex, (state whether male or female) Female.

Race or Color, (if not of the white race) White

Date of Birth, Sept. 21st 1885

Place of Birth, (Street and Number) 296 N. Eden St.

Full Name of Mother, Lucy Carpenter

Mother's Maiden Name, Spaulding

Mother's Birthplace, Virginia

Full Name of Father, Will R. Carpenter

Father's Occupation, Machinist

Father's Birthplace, Baltimore,

Name of Medical Attendant, or other Person who makes this Return. John H. White, M.D.

Address, 347 N. Broadway,

Remarks,

...TER & STATIONER, BALT.

81814

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT, OCT 7 1885 BALTIMORE

. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
Sex, (state whether male or female)	Male
Race or Color, (if not of the white race)	White
Date of Birth,	22 Sept 1885
Place of Birth, (Street and Number)	159 Hudson St
Full Name of Mother,	Ellen Snyder
Mother's Maiden Name,	Maher
Mother's Birthplace,	Bolto Md
Full Name of Father,	Joseph Snyder
Father's Occupation,	Black Smith
. Father's Birthplace.	Bolto Md
Name of Medical Attendant, or other Person who makes this Return	E. Jordan Md
Address,	53 Eladu St
Remarks,	

...RS AND STATIONERS

81815

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Sept 20 1883
4. *Place of Birth, (Street and Number)* Waverly
5. *Full Name of Mother,* S. Emma Williamson
6. *Mother's Maiden Name,* " " Bemberger
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* John D. Williamson
9. *Father's Occupation,* Carriage & Hoyer builder
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other Person who makes this Return. Edward P. McDonald

Address, 84 Arsenal Ave

Remarks,

HEALTH DEPARTMENT, OCT 7 1885 BALTIMORE, MD.

..., City Printers and Stationers.

81816

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
OCT 6 1885
BALTIMORE MD

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth, September 22 1885

4. Place of Birth, (Street and Number) 168 Eastern Ave.

5. Full Name of Mother, Kate Rehan

6. Mother's Maiden Name, Franz

7. Mother's Birthplace, Baltimore

8. Full Name of Father, John Rehan

9. Father's Occupation, Laborer

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs. Louise Kraft

Address, 123 S. Broadway

Remarks,

for each offence to be recovered as other fines and forfeitures are recoverable.

..., City Printers and Stationers.

81817

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth, September 2/85

4. Place of Birth, (Street and Number) 314 Thlice Thnd St.

5. Full Name of Mother, Lisbeth Baumgärtner

6. Mother's Maiden Name, Walter

7. Mother's Birthplace, Germany

8. Full Name of Father, Friedrich Baumgärtner

9. Father's Occupation, Baker

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs. Louise Kraft.

Address, 123. S. Broadway

Remarks,

HEALTH DEPARTMENT, OCT 6 1885 BALTIMORE, MD.

for each offence to be recovered as other fines and forfeitures are recoverable.

., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Sept 22d 1885

4. Place of Birth, (Street and Number) 163 Fairmount Ave.

5. Full Name of Mother, Maria Webster.

6. Mother's Maiden Name, Maria Hooper.

7. Mother's Birthplace, Baltimore Md

8. Full Name of Father, Jno. C. Webster

9. Father's Occupation, Agent

10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other Person who makes this Return C. C. Hoopman M.D.

Address, 346 E. Balto. St.

Remarks,

HEALTH DEPARTMENT
OCT 6 1885
BALTIMORE

to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

INTERS AND STATIONERS.

RETURN OF A BIRTH.

81819

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, SEP 24 1885 BALTIMORE, MD.

No. of Child of Mother (state whether 1st, ~~2d, 3d,~~ &c.)

1. Sex, (state whether male ~~or female~~)

2. Race ~~or Color, (if not of the~~ white race)

3. Date of Birth September 25th 1885

4. Place of Birth, (Street and Number) No 173 E. Fayette st

5. Full Name of Mother, Anna M. Snyder

6. Mother's Maiden Name, " " Schimpf,

7. Mother's Birthplace, Baltimore,

8. Full Name of Father, Adelbert H. Snyder.

9. Father's Occupation, Painter,

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. H. Ridgway Andre M.D.

Address, No 131 E Baltimore st.

Remarks,

Co., City Printers and Stationers.

RETURN OF A BIRTH

81830

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2d Henry Charles
Sex, (state whether male or female)	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	23 September 1885
4. *Place of Birth, (Street and Number)*	N. Fayette St.
5. *Full Name of Mother,*	Ferdinande Urban
6. *Mother's Maiden Name,*	" Grall
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	John Urban
9. *Father's Occupation,*	Saloon Keeper
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other Person who makes this Return.	E. Steinman
Address,	
Remarks,	

HEALTH DEPARTMENT
OCT 7 1885
BALTIMORE, MD.

for each offence to be recovered as other fines and forfeitures are recovered.

, City Printers and Stationers.

NOTICE

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Every effort was made to assure legibility and completeness.

NOTICE

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Every effort was made to assure legibility and completeness.

81821

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
OCT 7 1885
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second Ch

Sex, (state whether male or female) Male Child

Race or Color, (if not of the white race) Colored

Date of Birth, 24 of [illegible]

Place of Birth, (Street and Number) 31 Dover st

Full Name of Mother, Emily Webb

Mother's Maiden Name, Emily Wilson

Mother's Birthplace, Queen ann County

Full Name of Father, thomas Webb

Father's Occupation, Porter

Father's Birthplace, Cambridge

Name of Medical Attendant, or other Person who makes this Return. Mrs Ida Sadler

Address, No 5 New St

Remarks,

NTER & STATIONER, BALT.

RETURN OF A BIRTH

81832

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, OCT 1 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, September 24. 1885

4. Place of Birth, (Street and Number) 49. Garrett av.

5. Full Name of Mother, Josephean M Dolan

6. Mother's Maiden Name, Josephean M Shay

7. Mother's Birthplace, Washington D. C

8. Full Name of Father, Andrew W Dolan

9. Father's Occupation, Laborer

10. Father's Birthplace, Ellicott City Howard Co Md

Name of Medical Attendant, or other Person who makes this Return. Mrs Ettel

Address,

Remarks,

for each offence to be recovered as other fines and forfeitures are recoverable.

..., City Printers and Stationers.

81826

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2d
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	Sept. 24th 6-10 P.M.
4. Place of Birth (Street and Number)	7 Holling St.
5. Full Name of Mother	Kate May Buston
6. Mother's Maiden Name	Carlisle
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Elijah Buston
9. Father's Occupation	Foreman at McClure Stable
10. Father's Birthplace	Maryland
Name of Medical Attendant, or other Person who makes this Return.	H. H. Webner M.D.
Address	298 W Lombard st.
Remarks	

HEALTH DEPT. SEP 25 1885 BALTIMORE

RETURN OF A BIRTH

81824

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
OCT 7 1885
BALTIMORE MD

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
Sex, (state whether male or female)	Female
Race or Color, (if not of the white race)	White
Date of Birth,	Sept 24th 1885
Place of Birth, (Street and Number)	67 Eden St
Full Name of Mother,	Mary Knoll
Mother's Maiden Name,	Batts
Mother's Birthplace,	Md
Full Name of Father,	Andrew Herzfeld
Father's Occupation,	Plumber
Father's Birthplace,	Balto Md
Name of Medical Attendant, or other Person who makes this Return	E Wilkinson MD
Address,	53 Eden St.
Remarks,	

...NG AND STATIONERS

RETURN OF A BIRTH

81825

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. *Sex, (state whether male or female)* Male

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* Sept 21st 1883

4. *Place of Birth, (Street and Number)* 60 Barnes St

5. *Full Name of Mother,* Philipena Star

6. *Mother's Maiden Name,* Harman

7. *Mother's Birthplace,* Balto.

8. *Full Name of Father,* Harry Star

9. *Father's Occupation,* Printer

10. *Father's Birthplace,* Balto.

Name of Medical Attendant, or other Person who makes this Return. Mrs Gorry

Address, 466 Gay St

Remarks,

HEALTH DEPARTMENT
OCT 6 1885
BALTIMORE MD

for each offence to be recovered as other fines and forfeitures are recoverable.

...o., City Printers and Stationers.

81826

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth, September 24/85

4. Place of Birth, (Street and Number) 101 S. Durham St.

5. Full Name of Mother, Rosa Schoff

6. Mother's Maiden Name, Elsässer

7. Mother's Birthplace, Germany

8. Full Name of Father, Adam Schoff

9. Father's Occupation, Laborer

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs. Louise Kraft

Address, 123. S. Broadway

Remarks,

HEALTH DEPARTMENT, OCT 6 1885 BALTIMORE, MD.

City Printers and Stationers.

81827

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT, OCT 7 1885 BALTIMORE, MD.

of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Fourth
Sex, (state whether male or female)	Male
Race or Color, (if not of the white race)	White
Date of Birth,	Sept 26th 1885
Place of Birth, (Street and Number)	19 ~~Potomac~~ Ed - Potomac St
Full Name of Mother,	Julia
Mother's Maiden Name,	Long
Mother's Birthplace,	Maryland
Full Name of Father,	Jno W Barnes
Father's Occupation,	Capper
Father's Birthplace,	Maryland
Name of Medical Attendant, or other Person who makes this Return	E J Williams MD
Address,	53 Ellerslie St
Remarks,	

...S AND STATIONERS

RETURN OF A BIRTH

81828

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
SEP 24 1885
BALTIMORE, MD.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)	1
Sex, (state whether male or female)	Female
Race or Color, (if not of the white race),	White
Date of Birth,	Sept 21st 1885
Place of Birth, (Street and Number)	435 Lexington St
Full Name of Mother,	Mary Carl
Mother's Maiden Name,	Rupp
Mother's Birthplace,	Balto
Full Name of Father,	John H Carl
Father's Occupation,	Show case maker
Father's Birthplace,	Balto
Name of Medical Attendant, or other Person who makes this Return	Chas E Satter
Address,	565 Lexington
Remarks,	

...TERS AND STATIONERS

GIVEN NAME ADDED 3-14-60

81829

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Edward John Hecker Fourth
Sex, (state whether male or female)	male
Race or Color, (if not of the white race)	white
Date of Birth,	Sept 25th 1885
Place of Birth, (Street and Number)	Cor Eloise & Pleasant
Full Name of Mother,	Elizabeth Lohmiller
Mother's Maiden Name,	Bated
Mother's Birthplace,	August Hecker
Full Name of Father,	Merchant
Father's Occupation,	Bated
Father's Birthplace,	Germany
Name of Medical Attendant, or other Person who makes this Return	Dr Edwards
Address,	Eloise St
Remarks,	

HEALTH DEPARTMENT OCT 7 1885 BALTIMORE

...RS AND STATIONERS

RETURN OF A BIRTH

8/830

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
OCT 1 1885
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) Brown

3. Date of Birth, September 26th 1885

4. Place of Birth, (Street and Number) 13 Hamilton St

5. Full Name of Mother, Fannie Wilson

6. Mother's Maiden Name. " Hamilton

7. Mother's Birthplace, Eastern shore Md

8. Full Name of Father, Smith Wilson

9. Father's Occupation, Boarder

10. Father's Birthplace, Eastern shore Md

Name of Medical Attendant, or other Person who makes this Return. Hamilton Johnson

Address, 6 Hamilton St

Remarks,

City Printers and Stationers.

81831

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, OCT 1 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Seventh

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) Eighth comp

3. Date of Birth, September 26th 1885

4. Place of Birth, (Street and Number) 137 Preston St

5. Full Name of Mother, Christina Clarke

6. Mother's Maiden Name, " Dembing

7. Mother's Birthplace, Smithfield Somerset Co, Md

8. Full Name of Father, Perry Clark

9. Father's Occupation, Stevedore

10. Father's Birthplace, Smithfield Somerset Co Md

Name of Medical Attendant, or other Person who makes this Return. Amelia Johnson

Address, 6 Hamilton St

Remarks,

City Printers and Stationers.

81832

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth, Sept 27/[illegible]

4. Place of Birth, (Street and Number) 15 E. [illegible]

5. Full Name of Mother, Annie Sweeney

6. Mother's Maiden Name, " Curleth

7. Mother's Birthplace, Baltimore

8. Full Name of Father, John J. Sweeney.

9. Father's Occupation, Printer

10. Father's Birthplace, Balto

Name of Medical Attendant, or other Person who makes this Return. Edward [illegible]

Address, 52 [illegible]

Remarks,

HEALTH DEPARTMENT, OCT 7 1885 BALTIMORE, MD.

City Printers and Stationers.

81863

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, OCT 1 1885 BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth September 27th
4. Place of Birth, (Street and Number) No. 9 Centralave
5. Full Name of Mother, Caroline Müller
6. Mother's Maiden Name, " " Vansman
7. Mother's Birthplace, Balto.
8. Full Name of Father, Charlie Müller
9. Father's Occupation, Carpenter
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other Person who makes this Return. Sophia Siemon

Address, No. 70 Granby st.

Remarks,

Co., City Printers and Stationers.

RETURN OF A BIRTH

81831

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, OCT 7 1885 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d, Louis

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) white

3. Date of Birth, 27 September 1885

4. Place of Birth, (Street and Number) N. 24 Exeter st.

5. Full Name of Mother, Rebecca Leibenson

6. Mother's Maiden Name, " Sieger

7. Mother's Birthplace, Austria

8. Full Name of Father, Morris Leibenson

9. Father's Occupation, Cigar maker

10. Father's Birthplace, Russia

Name of Medical Attendant, or other Person who makes this Return. E Schiffmann

Address,

Remarks,

City Printers and Stationers.

81835

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4
Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	
3. Date of Birth,	September 2 1885
4. Place of Birth, (Street and Number)	596 Eastern Ave
5. Full Name of Mother,	Mary Kemp
6. Mother's Maiden Name,	Frank
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	John Kemp
9. Father's Occupation,	Storkeeper
10. Father's Birthplace,	Germany
Name of Medical Attendant, or other Person who makes this Return.	Mrs. Louise Kraft
Address,	123 S Broadway
Remarks,	

HEALTH DEPARTMENT
OCT 5 1885
BALTIMORE

For each offence to be recovered as other fines and forfeitures are recovered.

, City Printers and Stationers.

81836

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 nd

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth, Sept 20 1885

4. Place of Birth, (Street and Number) 19 N Gay St.

5. Full Name of Mother, Elmire Litzinger

6. Mother's Maiden Name, " Hancock

7. Mother's Birthplace, Balto.

8. Full Name of Father, Howard Litzinger

9. Father's Occupation, Clerk

10. Father's Birthplace, Balto.

Name of Medical Attendant, or other Person who makes this Return. Edward [illegible]

Address, 524 Aisquith St

Remarks,

HEALTH DEPARTMENT, OCT 7 1885 BALTIMORE, MD.

City Printers and Stationers.

RETURN OF A BIRTH

81837

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
OCT 6 1885
BALTIMORE, MD.

1. *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1
2. *Sex, (state whether male or female)* Male
3. *Race or Color, (if not of the white race)*
4. *Date of Birth,* September 28 1885
5. *Place of Birth, (Street and Number)* 77 Elliott St Canton
6. *Full Name of Mother,* Jennie Sumner
7. *Mother's Maiden Name,* Morningstar
8. *Mother's Birthplace,* Baltimore
9. *Father's Occupation,* Konrad Sumner
10. *Father's Birthplace,* Lamplighter
11. *Name of Medical Attendant,* or other Person who makes this Return. Baltimore
12. *Address,* Mrs. Louise Kraft. 123 S. Broadway
13. *Remarks,*

For each offence to be recovered as other fines and forfeitures are recovered.

City Printers and Stationers.

81838

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, OCT 8 1885 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, ~~August~~ September 28
4. Place of Birth, (Street and Number) 441 West Pratt St
5. Full Name of Mother, Mary B[illegible] Bergin
6. Mother's Maiden Name, ~~Mary [illegible]~~ Zwanzger
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Dennis Bergin
9. Father's Occupation, Ha Watchman
10. Father's Birthplace, ireland

Name of Medical Attendant, or other Person who makes this Return. Amelie Bange

Address, 42 Cross str

Remarks,

for each offence to be recovered as other fines and penalties are recovered.

o., City Printers and Stationers.

XII39

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, OCT 1 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth, Sept 29th 1885

4. Place of Birth, (Street and Number) 195 N Wolfe St

5. Full Name of Mother, Margaret A Hendley

6. Mother's Maiden Name, " " Hamilton

7. Mother's Birthplace, Md

8. Full Name of Father, Richard Tillman Hendley

9. Father's Occupation, Clerk

10. Father's Birthplace, Md

Name of Medical Attendant, or other Person who makes this Return J M Hendley

Address, 22 Edmondson Ave

Remarks,

to a fine of ten dollars for each offence, to be recovered as debts of like amount are by law recoverable.

TERS AND STATIONERS.

Missing 81840-81844, incl.

81845

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
OCT 1 1885
BALTIMORE MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2 d
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	September
4. *Place of Birth, (Street and Number)*	Hull St.
5. *Full Name of Mother,*	Kate Kalthause
6. *Mother's Maiden Name,*	Kate Kuningham
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Fred Kalthause
9. *Father's Occupation,*	Store Keper
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Mrs Ettel
Address,	No 3 Cuba St
Remarks,	

Any person who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

& Co., City Printers and Stationers.

81816

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, OCT 2 1895 BALTIMORE MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2nd
Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	German American
3. Date of Birth	Sept 27th
4. Place of Birth, (Street and Number)	No 90 Leadenhall
5. Full Name of Mother,	Lizzie E. Schwaab
6. Mother's Maiden Name,	" Eigenbrodt
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	Charles Schwaab
9. Father's Occupation,	Clerk
10. Father's Birthplace,	Baltimore County
Name of Medical Attendant, or other Person who makes this Return.	Wm Münch
Address,	Mer Munch
Remarks,	No 1 Leadenhall St

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of [illegible] dollars for each offence to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH

81847

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, OCT 2 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Sept 4th 1885
4. *Place of Birth, (Street and Number)*	183 N. Calhoun St
5. *Full Name of Mother,*	Vestilla A. Blake
6. *Mother's Maiden Name,*	Beasley
7. *Mother's Birthplace,*	Va
8. *Full Name of Father,*	Edward Boldry Blake
9. *Father's Occupation,*	Salesman
10. *Father's Birthplace,*	Va
Name of Medical Attendant, or other Person who makes this Return.	R. C. Lee
Address,	
Remarks,	

Any person who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines, and forfeitures are recoverable.

Co., City Printers and Stationers.

81848

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th. Child.

Sex, (state whether male or female) Female.

2. Race or Color, (if not of the white race)

3. Date of Birth, September 6th.

4. Place of Birth, (Street and Number) 1 Townsend Street.

5. Full Name of Mother, Elizabeth Brown.

6. Mother's Maiden Name, " Barnett.

7. Mother's Birthplace, Baltimore.

8. Full Name of Father, Saul Brown.

9. Father's Occupation, Taylor.

Father's Birthplace, Baltimore.

Name of Medical Attendant, or other Person who makes this Return. Charlotte Crosby.

Address, 369 Cathedral Street.

Remarks,

HEALTH DEPARTMENT, OCT 1 1885 BALTIMORE, MD.

or [illegible] shall be recovered as other fines and forfeitures are recoverable, for each offence to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH.

81849

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, OCT 2 1885 BALTIMORE, MD

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 7

Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth 5 September.

4. Place of Birth, (Street and Number) Leadenhall. Street. No 125.

5. Full Name of Mother, Paulina. Fischbach.

6. Mother's Maiden Name, Paulina Dorr.

7. Mother's Birthplace, Germany.

8. Full Name of Father, George Fischbach.

9. Father's Occupation, Tinster.

10. Father's Birthplace, Germany.

Name of Medical Attendant, or other Person who makes this Return. Mrs Munch

Address, No 1 Leadenhall St.

Remarks,

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten dollars for each offence to be recovered as other fines and forfeitures are recovered.

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RETURN OF A BIRTH.

8/1880

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
OCT 5 1885
BALTIMORE MD

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth 6th of Sept

4. Place of Birth, (Street and Number) S. W. Cor of Hollins & Schroeder

5. Full Name of Mother, Catherine Elizebeth Lammich

6. Mother's Maiden Name, " " Korber

7. Mother's Birthplace, Balto city

8. Full Name of Father, John August Lammich

9. Father's Occupation, Grocer

10. Father's Birthplace, Balto city

Name of Medical Attendant, or other Person who makes this Return. Mrs C. Delback,

Address, No 439 W Pratt Street

Remarks,

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

& Co., City Printers and Stationers.

81851

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
OCT 5 1885
BALTIMORE MD

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Sept 7th 1885
4. Place of Birth, (Street and Number) 20 Rock st
5. Full Name of Mother, Carrie Reading
6. Mother's Maiden Name, Carrie Slagel
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Paul Reading
9. Father's Occupation, Cigar maker
10. Father's Birthplace, Baltimore
11. Name of Medical Attendant, or other Person who makes this Return. Mrs Annie Wiesenfeld
12. Address, 404 Penna
13. Remarks,

Persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH.

8153

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or ~~female~~) [redacted]
2. Race or Color, (if not of the white race)
3. Date of Birth 8th Sept 1885
4. Place of Birth, (Street and Number) 35 Camden St
5. Full Name of Mother, Rosa Brandt ~~Lakemeyer~~ Lakemeyer Brandt
6. Mother's Maiden Name, Lakemeyer
7. Mother's Birthplace, Baltimore Md.
8. Full Name of Father, Carl Brandt.
9. Father's Occupation, Tailor.
10. Father's Birthplace, Germany
11. Name of Medical Attendant, or other Person who makes this Return. Mrs Munch
12. Address, No 1 Leadenhall St
13. Remarks,

HEALTH DEPARTMENT
OCT 2 1885
BALTIMORE, MD.

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

& Co., City Printers and Stationers.

81853

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, OCT 2 1885 BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Female Marie Meta Zieger
2. Race or Color, (if not of the white race)
3. Date of Birth 9th Sept
4. Place of Birth, (Street and Number) 137 Franklin St
5. Full Name of Mother, Dora Zieget
6. Mother's Maiden Name, Dora Stratmeyer
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Conrad Zieget
9. Father's Occupation, Cigar Manufacturer
10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs Chr Munch

Address, 1 Lodenhall St

Remarks, Full name of child added by father upon applying for a transcript. Conrad Zieget Father L. E. Wehn Aug. 2 - 1927

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

& Co., City Printers and Stationers.

RETURN OF A BIRTH

8 18524

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
OCT 6 1885
BALTIMORE

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

1. Sex. (state whether male or female) male

2. Race or Color, (if not of the white race) brown shine

3. Date of Birth, James Harris Sept 11

4. Place of Birth, (Street and Number) Plum alley No 103

5. Full Name of Mother, Mary E Harris.

6. Mother's Maiden Name, Mary E brooks.

7. Mother's Birthplace, Baltimore M.D.

8. Full Name of Father, Williams H Harris

9. Father's Occupation, Cart driver

10. Father's Birthplace, Baltimore M. D.

Name of Medical Attendant, or other Person who makes this Return Annie Thornton

Address, No 103 Plum alley

Remarks.

PRINTERS AND STATIONERS

81855

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5th. Child.

Sex, (state whether male or female) Male.

2. Race or Color, (if not of the white race) Wite.

3. Date of Birth 11th September 1885

4. Place of Birth, (Street and Number) 167. Fort. ave.

5. Full Name of Mother, Sarah. F. Weber.

6. Mother's Maiden Name, Sarah. F. Cather.

7. Mother's Birthplace, Baltimore

8. Full Name of Father, John. George. Weber.

9. Father's Occupation, Barber.

10. Father's Birthplace, Utpke. Germany.

Name of Medical Attendant, or other Person who makes this Return. Mer Munch

Address, No 1 Leadenhall St.

Remarks,

HEALTH DEPARTMENT, OCT 2 1885 BALTIMORE, MD.

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

& Co., City Printers and Stationers.

81856

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
OCT 5 1885
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Six

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* Sept 11 85
4. *Place of Birth, (Street and Number)* No. 27. S Stricker St
5. *Full Name of Mother,* Mrs Annie E. Cook
6. *Mother's Maiden Name,* Annie E Forest
7. *Mother's Birthplace,* Washn - D C -
8. *Full Name of Father,* William H Cook
9. *Father's Occupation,* Band O Police
10. *Father's Birthplace,* Balto Co Md

Name of Medical Attendant, or other Person who makes this Return. Mrs C Seeback

Address, No 139 W Pratt street

Remarks,

of persons who shall hereafter fail to comply with the provisions of this Section, for each offence to be recovered as other fines and forfeitures are recoverable.

& Co., City Printers and Stationers.

81857

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, OCT 1 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) .....

1. *Sex, (state whether male or female)* ..... [illegible]
2. *Race or Color, (if not of the white race)* ..... White
3. *Date of Birth,* ..... Sept [illegible] 1885
4. *Place of Birth, (Street and Number)* ..... 196 Central Ave
5. *Full Name of Mother,* ..... Mollie Kirby
6. *Mother's Maiden Name,* ..... Elliott
7. *Mother's Birthplace,* ..... Balto Md
8. *Full Name of Father,* ..... Michael Kirby
9. *Father's Occupation,* ..... Morocco Finisher
10. *Father's Birthplace,* ..... Balto Co Md

Name of Medical Attendant, or other Person who makes this Return. ..... M B Billingsley

Address, ... 228 E. Preston

Remarks, ...

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

& Co., City Printers and Stationers.

81858

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT, OCT 13 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1 St.
1. Sex (state whether male or female)	Boy
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	Saturday Sept 12th. 85
4. Place of Birth, (Street and Number)	226 E Preston St.
5. Full Name of Mother,	Emma Ebsworth
6. Mother's Maiden Name,	" Mardaga
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	Thomas Ebsworth
9. Father's Occupation,	Carpenter
10. Father's Birthplace,	Balto. Md.
Name of Medical Attendant, or other Person who makes this Return	Wilmer Brinton, M.D.
Address,	Chase St & Forrest Place
Remarks,	

INTERS AND STATIONERS

RETURN OF A BIRTH.

81859

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
OCT 5 1885
BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3d
1. *Sex, (state whether male or female)*	female
2. *Race or Color, (if not of the white race)*	white
3. *Date of Birth*	12 September
4. *Place of Birth, (Street and Number)*	No 74 pearl st.
5. *Full Name of Mother,*	Catherine Jacke.
6. *Mother's Maiden Name,*	Catherine Wedler.
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Christian Jacke
9. *Father's Occupation,*	Carpenter
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Mrs Catherine Seelacke
Address,	439 West Pratt Street
Remarks,	

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

& Co., City Printers and Stationers.

81860

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, OCT 2 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	12 September
4. Place of Birth, (Street and Number)	No 10 Booth St
5. Full Name of Mother,	Katheren Mason
6. Mother's Maiden Name,	Katheren McCulley
7. Mother's Birthplace,	Pohaten
8. Full Name of Father,	James M Mason
9. Father's Occupation,	Carpenter
10. Father's Birthplace,	Baltimore city
Name of Medical Attendant, or other Person who makes this Return.	Mrs Annie [illegible]
Address,	60 North Schroeder St
Remarks,	City

for each offence to be recovered as other fines and forfeitures are recoverable.

o., City Printers and Stationers.

RETURN OF A BIRTH

S1861

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
OCT 1 1885
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Sept. 12 1885

4. Place of Birth, (Street and Number) 307 E. Lombard St.

5. Full Name of Mother, Hannah ~~Bernard Patrick~~ Clifford

6. Mother's Maiden Name, Norton

7. Mother's Birthplace, Ireland

8. Full Name of Father, Bernard Patrick Clifford

9. Father's Occupation, Church Sexton

10. Father's Birthplace, City

Name of Medical Attendant, or other Person who makes this Return P. E. Gross M.D.

Address, 375 E. Balto. St.

Remarks,

CO., CITY PRINTERS AND STATIONERS

81862

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
OCT 2 1885
BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether [redacted] or female)
2. Race or Color, (if not of the white race) White
3. Date of Birth 13th September
4. Place of Birth, (Street and Number) Baltimore No. 25 Clarkston St.
5. Full Name of Mother, Barbara Eichhorn
6. Mother's Maiden Name, B. Depper
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Baltharzer Eichhorn
9. Father's Occupation, Baker
10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs. Heinrich

Address, No 1 Leadenhall St.

Remarks,

& Co., City Printers and Stationers.

RETURN OF A BIRTH

8186

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Sixteen Child

Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, 14th Sept

4. Place of Birth, (Street and Number) Lambert st 278

5. Full Name of Mother, Mary A Carman

6. Mother's Maiden Name, Osborn

7. Mother's Birthplace, Maryland

8. Full Name of Father, Harry E Carman

9. Father's Occupation, boiler maker

10. Father's Birthplace, Ohio

Name of Medical Attendant, or other Person who makes this Return. Chas Wiley

Address, No 12 Patterson Park ave

Remarks,

HEALTH DEPARTMENT, OCT 1 1885, BALTIMORE, MD.

for each offence to be recovered as other fines and forfeitures are recoverable.

..., City Printers and Stationers.

81864

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, OCT 5 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* Sept 14th 1885
4. *Place of Birth, (Street and Number)* 5 Hamilton St
5. *Full Name of Mother,* Lizzie Welsh
6. *Mother's Maiden Name,* Lizzie Briggs
7. *Mother's Birthplace,* Ireland
8. *Full Name of Father,* Edward Welsh
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Ireland

Name of Medical Attendant, or other Person who makes this Return. Mrs. Co. Mesenzehl

Address, 404 Penna

Remarks,

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

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81865

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
OCT 1 1885
BALTIMORE MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5 Living

Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) 418 Hoffman

3. Date of Birth September 14 85

4. Place of Birth, (Street and Number) Maggie Biddison

5. Full Name of Mother, Fink

6. Mother's Maiden Name,

7. Mother's Birthplace, Baltimore Md

8. Full Name of Father, George H Biddison

9. Father's Occupation, Moulder

10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other Person who makes this Return. Mary A Allwell

Address, 286 N Donough st

Remarks,

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

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81866

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
OCT 2 1885
BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	
3. Date of Birth	September 14th 1885
4. Place of Birth, (Street and Number)	226 S. Eutaw St.
5. Full Name of Mother,	Augusta Fjeldseth
6. Mother's Maiden Name,	Augusta Bödeker
7. Mother's Birthplace,	Germany
8. Full Name of Father,	Thorvald Fjeldseth
9. Father's Occupation,	Pianomaker
10. Father's Birthplace,	Norway
Name of Medical Attendant, or other Person who makes this Return.	Mrs Munch
Address,	No 1 Leadenhall St.
Remarks,	

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH.

81867

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, OCT 2 1885 BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1

Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth September 15

4. Place of Birth, (Street and Number) 348 S Sharp St Baltimore Md

5. Full Name of Mother, Laura M. McQuigg

6. Mother's Maiden Name, Laura M. McQuigg Dilks

7. Mother's Birthplace, Millville N J

8. Full Name of Father, James McQuigg

9. Father's Occupation, glass blower

10. Father's Birthplace, Camden N J

Name of Medical Attendant, or other Person who makes this Return. Mrs Munch

Address, No 1 Leadenhall St.

Remarks,

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

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81868

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT, OCT 5 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

. Sex (state whether male or female) Male

. Race or Color, (if not of the white race) brown skin

. Date of Birth, born Sept 15

. Place of Birth, (Street and Number) Howard St No 278

. Full Name of Mother, Be Rebecca J Walbert

. Mother's Maiden Name, Rebecca J Brown

. Mother's Birthplace, Colbert County

. Full Name of Father, Benjamine Walbert.

. Father's Occupation, Sailer

0. Father's Birthplace, Lewis County Va.

Name of Medical Attendant or other Person who makes this Return Amia Johnson

Address, Plum No 103 Near Cross St

Remarks,

...TERS AND STATIONERS

81869

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, OCT 12 1885 BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth Sept. 16 — 1885
4. Place of Birth, (Street and Number) 180 N. Gay St.
5. Full Name of Mother, Lizzie J. Dudley
6. Mother's Maiden Name, Fooks
7. Mother's Birthplace, Worcester County Md
8. Full Name of Father, Samuel J. Dudley
9. Father's Occupation, Carpenter
10. Father's Birthplace, Worcester county Md

Name of Medical Attendant, or other Person who makes this Return. Mary Stein

Address, 151 E Fort Ave

Remarks,

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH.

81870

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, OCT 2 1885 BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth 15 September

4. Place of Birth, (Street and Number) 13 Race Street

5. Full Name of Mother, Mari Schäfer

6. Mother's Maiden Name, " Kaisand

7. Mother's Birthplace, Germani

8. Full Name of Father, Lorenz Schäfer

9. Father's Occupation, Locksmith

10. Father's Birthplace, Germani

Name of Medical Attendant, or other Person who makes this Return. Mrs Munch

Address, No 1 Leadenhall St

Remarks,

or persons who shall neglect or fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

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81872

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) First

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth* September 15 1885
4. *Place of Birth, (Street and Number)* 326 N Ann st
5. *Full Name of Mother,* Ella V German Terman
6. *Mother's Maiden Name,* Fisher
7. *Mother's Birthplace,* Baltimore Md
8. *Full Name of Father,* Wm. W German
9. *Father's Occupation,* Plumer
10. *Father's Birthplace,* Baltimore Md.

Name of Medical Attendant, or other Person who makes this Return. Mary A Allwell

Address, 286 N Donogh st

Remarks,

HEALTH DEPARTMENT
OCT 1 1885
BALTIMORE, MD.

or persons who shall hereafter fail to comply with the provisions of this section, shall be liable to a fine of ... for each offence to be recovered as other fines and forfeitures are recoverable.

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CORRECTION

The preceding document has been re-photographed to assure legibility and its image appears immediately hereafter.

81872

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) First

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth* September 15 1885
4. *Place of Birth, (Street and Number)* 326 N Ann St
5. *Full Name of Mother,* Ella V Germon Terman
6. *Mother's Maiden Name,* Fisher
7. *Mother's Birthplace,* Baltimore Md
8. *Full Name of Father,* Wm. W Germon
9. *Father's Occupation,* Plumer
10. *Father's Birthplace,* Baltimore Md.

Name of Medical Attendant, or other Person who makes this Return. Mary A Allwell

Address, 286 McDonogh St

Remarks,

HEALTH DEPARTMENT
OCT 1 1885
BALTIMORE, MD.

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of the (illegible) for each offence to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH.

81873

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT, OCT 5 1885 BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Seventh
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	—
3. Date of Birth	Sept. 6th 1885.
4. Place of Birth (Street and Number)	276 E. Madison St.
5. Full Name of Mother	Mary Anna Franty
6. Mother's Maiden Name	Mary Anna Thompson
7. Mother's Birthplace	Baltimore Md.
8. Full Name of Father	John F. Franty
9. Father's Occupation	Cutter
Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	J. H. Bolton M.D.
Address	239 N. Caroline St
Remarks	

of the parents, and the maiden name of the mother of each child so entered.

RETURN OF A BIRTH

81178

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
OCT 1 1885
BALTIMORE, MD.

Name of child: Henry Emerson Doughty

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	16th Sept. 1885
4. Place of Birth, (Street and Number)	107 S. Ann St.
5. Full Name of Mother,	Emma Virginia Doughty
6. Mother's Maiden Name,	Boyd
7. Mother's Birthplace,	City
8. Full Name of Father,	Woolsey Henry Doughty
9. Father's Occupation,	Sea Captain
10. Father's Birthplace,	New Jersey
Name of Medical Attendant, or other Person who makes this Return	E. L. Boyd M.D.
Address,	325 E. Baltimore St.
Remarks,	

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RETURN OF A BIRTH.

81875

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, OCT 1 1885 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) First

Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth September 17. 1885

4. Place of Birth, (Street and Number) 53 Barnes Alley

5. Full Name of Mother, Kate Woodward

6. Mother's Maiden Name, Campbell

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Geo. Woodward

9. Father's Occupation, Hugler

10. Father's Birthplace, Balto. Md

Name of Medical Attendant, or other Person who makes this Return. Mary A Allwell

Address, 286 N Donagh st

Remarks,

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

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8187

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT, OCT 1 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	7
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Sept. 17th
4. *Place of Birth, (Street and Number)*	280 E. Lombard St.
5. *Full Name of Mother,*	Jennie Peters
6. *Mother's Maiden Name,*	Jacobson
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	Charles Claus ~~Marines~~ Peters
9. *Father's Occupation,*	Mariner
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other Person who makes this Return	E. P. Irons M.D.
Address,	375 E. Balto. St.
Remarks,	

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RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, OCT 13 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Third
Sex, (state whether male or female)	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Sept 17th 1885
4. *Place of Birth, (Street and Number)*	129 Hanover St
5. *Full Name of Mother,*	Annie Allen
6. *Mother's Maiden Name,*	Annie Colvin
7. *Mother's Birthplace,*	Balto
8. *Full Name of Father,*	Chas. Alley
9. *Father's Occupation,*	Clerk
Father's Birthplace,	Balto
Name of Medical Attendant, or other Person who makes this Return	Mrs C A Lewis
Address,	162 Hanover St
Remarks,	

within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

PRINTERS AND STATIONERS.

81877

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5th

Sex, (state whether male or female) male

2. Race or Color, (if not of the white race)

3. Date of Birth September 17 1885

4. Place of Birth, (Street and Number) 316 Sharp St Cor Hamburg

5. Full Name of Mother, Annie Elizabeth Webb King

6. Mother's Maiden Name, Annie Elizabeth Koehler

7. Mother's Birthplace, Balto

8. Full Name of Father, Louis H. Webb King

9. Father's Occupation, Druggist

10. Father's Birthplace, Baltimore.

Name of Medical Attendant, or other Person who makes this Return. Mrs Munch

Address, No 1 Leadenhall St.

Remarks,

HEALTH DEPARTMENT
OCT 7 1885
BALTIMORE MD

for each offence to be recovered as other fines and forfeitures are recoverable.

& Co., City Printers and Stationers.

81878

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Sixth

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Sept 17th
4. Place of Birth, (Street and Number) 527 Lexington St
5. Full Name of Mother, Anna Eliza Weber
6. Mother's Maiden Name, Anna Eizia Elliott
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, Frank Joseph Weber
9. Father's Occupation, Porter
10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other Person who makes this Return. Mrs Anna Dunnler

Address, 60. North Schroeder St.

Remarks, Baltimore

HEALTH DEPARTMENT, OCT 2 1885 BALTIMORE, MD.

for each offence to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH

81879

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, OCT 2 1885 BALTIMORE CO.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6th
Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	Sept 18th 1885
4. Place of Birth, (Street and Number)	200 Madison av.
5. Full Name of Mother,	Laura V. Adams
6. Mother's Maiden Name,	Nee Daiger
7. Mother's Birthplace,	Balto.
8. Full Name of Father,	Ro. W. Adams
9. Father's Occupation,	Produce Dealer
Father's Birthplace,	Balto.
Name of Medical Attendant, or other Person who makes this Return.	R. C. Lee
Address,	Hanover St.
Remarks,	

for each offence to be recovered as other fines and forfeitures are recoverable.

..., City Printers and Stationers.

81880

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, OCT 2 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Sept 18 / 85

4. Place of Birth, (Street and Number) Bel air Av.

5. Full Name of Mother, Margaretha Lindt

6. Mother's Maiden Name, Margaretha Wigant

7. Mother's Birthplace, Germany

8. Full Name of Father, Andreas Lindt

9. Father's Occupation, Schoemaker

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return. Mc Lin Brown

Address, Chester Street near Bel air Av

Remarks,

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the like penalty for each offence to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH

81881

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
OCT 1 1885
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	19th Sept.
4. *Place of Birth, (Street and Number)*	97 N. Eden St.
5. *Full Name of Mother,*	Mary Hurley Lusby
6. *Mother's Maiden Name,*	Gipson
7. *Mother's Birthplace,*	City
8. *Full Name of Father,*	Benjamin Franklin Lusby
9. *Father's Occupation,*	Clerk
10. *Father's Birthplace,*	City
Name of Medical Attendant, or other Person who makes this Return	E. P. Jones M.D.
Address,	375 E. Balto St.
Remarks,	

CO., CITY PRINTERS AND STATIONERS

81882

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, OCT 2 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, Sept 20th 1885
4. Place of Birth, (Street and Number) #114 Dolphin St
5. Full Name of Mother, Margaret E Hare
6. Mother's Maiden Name, " " Marsden
7. Mother's Birthplace, Baltimore
8. Full Name of Father, William T. Hare
9. Father's Occupation, Dead
10. Father's Birthplace, York Pa

Name of Medical Attendant, or other Person who makes this Return Mrs. Minnick 263 Pine Ave

Address,

Remarks,

any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

PRINTERS AND STATIONERS.

81883

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
OCT 1 1885
BALTIMORE MD

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth, 20 September

4. Place of Birth, (Street and Number) 25 S. Irving street

5. Full Name of Mother, Mary Mc. Levy

6. Mother's Maiden Name, Thomson

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Frank Mc. Levy

9. Father's Occupation, Labourer

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. Sarah Casper

Address, 72. E. Lombard

Remarks,

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH

81884

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, OCT 1 1885 BALTIMORE, MD

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

Sex, (state whether male or female)

2. Race or Color, (if not of the white race) Col'd

3. Date of Birth, Sept 20

4. Place of Birth, (Street and Number) 19 Barking Place

5. Full Name of Mother, Josephine Lyttle

6. Mother's Maiden Name, Crawford

7. Mother's Birthplace, S. Carolina

8. Full Name of Father, James Lyttle

9. Father's Occupation, Brakeman N.C. R.R.

Father's Birthplace, Balto Co Md

Name of Medical Attendant, or other Person who makes this Return. Dr. B. Billingsley

Address, 228 E. Pratt st

Remarks,

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH.

8/1885

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT, OCT 1 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Sept. 20th 1885
4. *Place of Birth (Street and Number)* 139 E. Biddle
5. *Full Name of Mother* Maggie Hoffman
6. *Mother's Maiden Name* " McGee
7. *Mother's Birthplace* City
8. *Full Name of Father* George W. Hoffman
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. E. B. Fenby, M. D.

Address 283 N. Eden st.

Remarks

RETURN OF A BIRTH.

81856

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

William Constant Markert

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

Sex, (state whether male or ~~female~~)

2. Race or Color, (if not of the white race)

3. Date of Birth 20 September 1885

4. Place of Birth, (Street and Number) 334 S. Sharp st.

5. Full Name of Mother, Pauline Virginia Markert.

6. Mother's Maiden Name, Wess.

7. Mother's Birthplace, America.

8. Full Name of Father, J. Markert.

9. Father's Occupation, Cigar Maker

10. Father's Birthplace, Balto. Md.

Name of Medical Attendant, or other Person who makes this Return. Miss. Mench.

Address, Leadenhall st. cor. No. 1

Remarks, GIVEN NAME ADDED 5-23-53 L.M.

HEALTH DEPARTMENT OCT 2 1885 BALTIMORE, MD

for each offence to be recovered as other fines and forfeitures are recoverable.

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81887

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 20 September
4. *Place of Birth, (Street and Number)* 213 Mulberry St
5. *Full Name of Mother,* Mary Anna Reuwer
6. *Mother's Maiden Name,* Mary Anna Ellinghouse
7. *Mother's Birthplace,* Pappanburg Hanover
8. *Full Name of Father,* Charles Reuwer
9. *Father's Occupation,* Tailor
10. *Father's Birthplace,* Ostercappeln Hanover

Name of Medical Attendant, or other Person who makes this Return. Mrs Anna Dunnler

Address, 60 North Schroeder St

Remarks, Baltimore.

HEALTH DEPARTMENT OCT 20 1885 BALTIMORE, MD.

...of persons who shall neglect or refuse to comply with the provisions of this section, shall be subject to the fine of ... for each offence to be recovered as other fines and forfeitures are recoverable.

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81888

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
OCT 2 1885
BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Third

Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth 20th Day of September 1885

4. Place of Birth, (Street and Number) No 6 Stockholm st

5. Full Name of Mother, Margret Lotz

6. Mother's Maiden Name, " Watson

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Alfred Graham Watson

9. Father's Occupation, Teamster

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs Munch

Address, No 1 Leadenhall St.

Remarks,

for each offence to be recovered as other fines and forfeitures are recoverable.

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81889

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, OCT 1 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 6 bi

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 21 Sept 1885
4. *Place of Birth, (Street and Number)* 53 Burke st
5. *Full Name of Mother,* Caroline Connelly
6. *Mother's Maiden Name,* Dorn
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Nicholas Connelly
9. *Father's Occupation,* Labora
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs Wiley

Address, No 12 Patterson Park

Remarks,

for each offence to be recovered as other dues and forfeitures are recoverable.

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81890

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
OCT 1 1835
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 12th

Sex, (state whether male or female) Male

2. *Race or Color, (if not of the white race)* white race

3. *Date of Birth,* September the 21st

4. *Place of Birth, (Street and Number)* Baltimore Hanover St No 631

5. *Full Name of Mother,* Kate Conway

6. *Mother's Maiden Name,* Menulty

7. *Mother's Birthplace,* Baltimore

8. *Full Name of Father,* Mike Conway

9. *Father's Occupation,* labour

10. *Father's Birthplace,* irland

Name of Medical Attendant, or other Person who makes this Return. Elisabeth Hathorn

Address, light St No 592

Remarks,

...or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

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81891

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, OCT 2 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th Child

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 21st September
4. Place of Birth, (Street and Number) 560 Saratoga st. Balto. city
5. Full Name of Mother, Mary ann Dunsing
6. Mother's Maiden Name, " " Hiltz
7. Mother's Birthplace, Baltimore city
8. Full Name of Father, Henry A. Dunsing
9. Father's Occupation, Butcher
10. Father's Birthplace, Bremen — Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs Anna Dunnler

Address, 60 North Schroeder St

Remarks, Baltimore

for each offence to be recovered as other fines and forfeitures are recoverable.

..., City Printers and Stationers.

RETURN OF A BIRTH.

81892

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
OCT 5 1885
BALTIMORE MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd Child

Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth 2d of September

4. Place of Birth, (Street and Number) 2 Hull st. Locust Point

5. Full Name of Mother, Kate Holthaus

6. Mother's Maiden Name, " Cunningham

7. Mother's Birthplace, Balto.

8. Full Name of Father, Fred. Holthaus

9. Father's Occupation, Store Keeper

10. Father's Birthplace, Balto.

Name of Medical Attendant, or other Person who makes this Return. C. L. Buddenbohn M.D.

Address, 66 S. Paca st.

Remarks,

for each offence to be recovered as other fines and forfeitures are recoverable.

& Co., City Printers and Stationers.

RETURN OF A BIRTH.

8187

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, OCT 2 1885 BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th

Sex, (state whether male or female) Male.

2. Race or Color, (if not of the white race)

3. Date of Birth Sept 21 — '85.

4. Place of Birth, (Street and Number) # 107 West St.

5. Full Name of Mother, Elizabeth Ueinger

6. Mother's Maiden Name, Elizath Froehlich.

7. Mother's Birthplace, Germania.

8. Full Name of Father, John Charles Ueinger.

9. Father's Occupation, Grocer.

10. Father's Birthplace, Germania.

Name of Medical Attendant, or other Person who makes this Return. Mrs Munch

Address, No 1 Leadenhall St.

Remarks,

Persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

A Co., City Printers and Stationers.

81894

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, OCT 5 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) white
3. Date of Birth, Sept 22nd 1885
4. Place of Birth, (Street and Number) 388 Penna ave
5. Full Name of Mother, Mary Donaldson
6. Mother's Maiden Name, Mary Edwards
7. Mother's Birthplace, Balto Md
8. Full Name of Father, James Donaldson
9. Father's Occupation, Timer
10. Father's Birthplace, Balto Md.

Name of Medical Attendant, or other Person who makes this Return. Mrs A Mesenzohl

Address, 409 Penna ave

Remarks,

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

Co., City Printers and Stationers.

81895

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, OCT 5 1885 BALTIMORE MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1 st.

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) white

3. Date of Birth 22nd Sept.

4. Place of Birth, (Street and Number) 102 Columbia ave.

5. Full Name of Mother, Annie Reynolds

6. Mother's Maiden Name, " Quintal

7. Mother's Birthplace, Balto.

8. Full Name of Father, John Reynolds

9. Father's Occupation, Milk Business

10. Father's Birthplace, Carol Co. Md.

Name of Medical Attendant, or other Person who makes this Return. C. L. Buddenbohn

Address, 166 S. Paca st.

Remarks,

for each offence to be recovered as other fines and forfeitures are recoverable.

& Co., City Printers and Stationers.

8189

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
OCT 1 1885
BALTIMORE, MD

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Sept 22nd 85

4. Place of Birth, (Street and Number) 217 N Eden St

5. Full Name of Mother, Minetta Busick

6. Mother's Maiden Name, Minetta Shipley

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Robert H Busick

9. Father's Occupation, Plasterer

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs Oliver

Address, 217 N Eden St.

Remarks,

for each offence to be recovered as other fines and forfeitures are recoverable.

o., City Printers and Stationers.

RETURN OF A BIRTH

81897

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, OCT 1 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6
Sex, (state whether male or female)	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	22 Sept
4. *Place of Birth, (Street and Number)*	50 S. Castle St
5. *Full Name of Mother,*	Mary A. Kengel
6. *Mother's Maiden Name,*	" " Dubbee
7. *Mother's Birthplace,*	Baltimore City
8. *Full Name of Father,*	John Philip Joseph Kengel
9. *Father's Occupation,*	Fresco Painter
10. *Father's Birthplace,*	Williamsburgh L. I.
Name of Medical Attendant, or other Person who makes this Return.	Wm Wiley
Address,	1012 Patterson Park
Remarks,	

for each offence to be recovered as other fines and forfeitures are recoverable.

., City Printers and Stationers.

81898

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, OCT 2 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, Sept 22 — 1885
4. Place of Birth, (Street and Number) No 41 Cross St
5. Full Name of Mother, Sarah Elizabeth Tapman
6. Mother's Maiden Name, Horner
7. Mother's Birthplace, Baltimore
8. Full Name of Father, John Thomas Tapman
9. Father's Occupation, Engineer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. Elizabeth Jewell

Address, 68 Fort Ave

Remarks,

...or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

...o., City Printers and Stationers.

RETURN OF A BIRTH

81879

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
OCT 5 1885
BALTIMORE MD

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2 d.
Sex, (state whether male or female)	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	23d September 1885
4. *Place of Birth, (Street and Number)*	146 Callington Avenue Balto.
5. *Full Name of Mother,*	Katie Stintz
6. *Mother's Maiden Name,*	Katie Zeitler
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	William Charles Stintz
9. *Father's Occupation,*	Cigar Maker
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Mrs Wiley
Address,	No 12 Patterson Park Av
Remarks,	

of persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the like fine and imprisonment for each offence to be recovered as other fines and forfeitures are recoverable.

o., City Printers and Stationers.

81900

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
OCT 2 1885
BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4

Sex, (state whether male or female) female

2. Race or Color, (if not of the white race)

3. Date of Birth 23 Sept.

4. Place of Birth, (Street and Number) 310 Cross St

5. Full Name of Mother, Anna George

6. Mother's Maiden Name, Anna Leaver

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Conrad George

9. Father's Occupation, Tinner

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs Muncks

Address, No 1 Leadenhall St

Remarks,

for each offence to be recovered as other fines and forfeitures are recoverable.

& Co. City Printers and Stationers.

RETURN OF A BIRTH

1901

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT,
OCT 2 1885
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth, Sept 23
4. Place of Birth, (Street and Number) Back-str 1042
5. Full Name of Mother, Louisa Krieg
6. Mother's Maiden Name, Louisa Loh
7. Mother's Birthplace, Lower Bavaria
8. Full Name of Father, Fred Krieg
9. Father's Occupation, Brewer
10. Father's Birthplace, Lower Bavaria

Name of Medical Attendant, or other Person who makes this Return. Mrs Anna Dressler

Address, 60. North Schroeder St

Remarks, Baltimore

for each offence to be recovered as other fines and forfeitures are recoverable.

, City Printers and Stationers.

81902

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, OCT 5 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Sex, (state whether male or female) Male

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* Sept 24th 1885

4. *Place of Birth, (Street and Number)* 15 woodyear St

5. *Full Name of Mother,* Fannie Peters

6. *Mother's Maiden Name,* Fannie Main

7. *Mother's Birthplace,* Balto Md

8. *Full Name of Father,* Jacob Peters

9. *Father's Occupation,* Driver

Father's Birthplace, Balto Md

Name of Medical Attendant, or other Person who makes this Return. Mrs A. Mesenzel

Address, 484 Penna

Remarks,

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

Co., City Printers and Stationers.

RETURN OF A BIRTH.

81903

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Fifth

Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth September 24 1885

4. Place of Birth, (Street and Number) 63 N Chapel st

5. Full Name of Mother, Wilhemina Scheele

6. Mother's Maiden Name, Rush

7. Mother's Birthplace, Baltimore md

8. Full Name of Father, Peter Scheele

9. Father's Occupation, Street paver

10. Father's Birthplace, Baltimore md

Name of Medical Attendant, or other Person who makes this Return. Mary A Allwell

Address, 286 N Donough st

Remarks,

HEALTH DEPARTMENT
OCT 1 1885
BALTIMORE MD

for each offence to be recovered as other fines and forfeitures are recoverable.

& Co., City Printers and Stationers.

81904

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, OCT 2 1885 BALTIMORE, M.D.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Third

1. Sex, (~~state whether male or~~ female)
2. Race or Color, (if not of the white race)
3. Date of Birth Sept 24th 1885
4. Place of Birth, (Street and Number) 60 Parkin St
5. Full Name of Mother, Emma Byron
6. Mother's Maiden Name, Emma Housholder
7. Mother's Birthplace, Hagerstown Md
8. Full Name of Father, James Byron
9. Father's Occupation, Laborer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. A. Wm Colburn

Address, 343 W. Lombard St

Remarks,

for each offence to be recovered as other fines and forfeitures are recoverable.

& Co., City Printers and Stationers.

RETURN OF A BIRTH.

8190

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, BALTIMORE, MD. 1385

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Second

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth 24th September 1885

4. Place of Birth, (Street and Number) 164 Hamburg Street

5. Full Name of Mother, Catharine Barbara Will

6. Mother's Maiden Name, " " Hammerbacher

7. Mother's Birthplace, Baltimore, Md

8. Full Name of Father, Henry J. Will

9. Father's Occupation, Tinsmith

10. Father's Birthplace, Harrisburg, Pa

Name of Medical Attendant, or other Person who makes this Return. Mrs Munch

Address, No 1 Leadenhall St

Remarks,

for each offence to be recovered as other fines and forfeitures are recoverable.

& Co., City Printers and Stationers.

NOTICE

The succeeding document was received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

RETURN OF A BIRTH.

81906

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT OCT 5 1885 BALTIMORE MD

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	First
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	White
3. Date of Birth	25th September 1885
4. Place of Birth, (Street and Number)	Baltimore 437 W. Pratt St.
5. Full Name of Mother,	Margaret Quinn
6. Mother's Maiden Name,	" Campbell
7. Mother's Birthplace,	State of Maine
8. Full Name of Father,	James Quinn
9. Father's Occupation,	Carpenter
10. Father's Birthplace,	Centreville, Howard County
Name of Medical Attendant, or other Person who makes this Return.	Wm C. Seibach
Address,	No 437 W Pratt Street.
Remarks,	

for each offence to be recovered as other fines and forfeitures are recoverable.

& Co., City Printers and Stationers.

RETURN OF A BIRTH

81907

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
OCT 1 1885
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

Sex, (state whether male or female) Male

2. *Race or Color, (if not of the white race)*

3. *Date of Birth,* 25 September

4. *Place of Birth, (Street and Number)* 24 S. High

5. *Full Name of Mother,* Katie Panacake

6. *Mother's Maiden Name,* Kratz

7. *Mother's Birthplace,* Germany

8. *Full Name of Father,* Henry Panacake

9. *Father's Occupation,* Saloonier

Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return. Sarah Casper

Address, 32 E. Lombard street

Remarks,

or person who shall hereafter fail to comply with the provisions of this section, shall be subjected to the penalties for each offence to be recovered as other fines and forfeitures are recoverable.

C., City Printers and Stationers.

81908

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) three living

Sex, (state whether male or female) boy child

2. *Race or Color, (if not of the white race)* White Child

3. *Date of Birth,* 25 of [illegible]

4. *Place of Birth, (Street and Number)* Wyeth Street

5. *Full Name of Mother,* Ida Schamberg

6. *Mother's Maiden Name,* Ida Silbergahn

7. *Mother's Birthplace,* Born in Baltimore

8. *Full Name of Father,* Fredick Schamberg

9. *Father's Occupation,* labor hand

10. *Father's Birthplace,* Born in Baltimore

Name of Medical Attendant, or other Person who makes this Return May E. Bently

Address, No 9 Rinehart st

Remarks, Child living

HEALTH DEPARTMENT
OCT 4 1885
BALTIMORE, MD.

any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

PRINTERS AND STATIONERS.

RETURN OF A BIRTH

81909

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, OCT 7 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (state whether male or female) White Female
2. Race or Color, (if not of the white race)
3. Date of Birth, 25th Sept 1885
4. Place of Birth, (Street and Number) 380 Saratoga St
5. Full Name of Mother, Caroline Born
6. Mother's Maiden Name, " " Heinzerling
7. Mother's Birthplace, Biedenkopf Germany
8. Full Name of Father, August Born
9. Father's Occupation, Grocer & Provision dealer
10. Father's Birthplace, Eckelshausen Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs Anna [illegible]

Address, 60 North Schroeder St

Remarks, Baltimore

for each offence to be recovered as other fines and forfeitures are recoverable.

o., City Printers and Stationers.

RETURN OF A BIRTH

81910

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Saturday September [illegible] 1885

4. Place of Birth, (Street and Number) No 42 Patterson Park Ave

5. Full Name of Mother, Eva Dortha Rowe

6. Mother's Maiden Name, Eva Dortha Williams

7. Mother's Birthplace, Germania

8. Full Name of Father, William Oscar Rowe

9. Father's Occupation, Cane Maker

10. Father's Birthplace, City of Baltimore.

Name of Medical Attendant, or other Person who makes this Return. Mrs Riley

Address, No 12 Patterson Park Av

Remarks,

HEALTH DEPARTMENT, OCT 1 1885 BALTIMORE, MD.

for each offence to be recovered as other fines and forfeitures are recoverable.

, City Printers and Stationers.

GIVEN NAME ADDED 9-13-50

RETURN OF A BIRTH.

8/911

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 5 1885 BALTIMORE MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	First
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	September 26th 1885
4. Place of Birth (Street and Number)	No 76 N Carey St
5. Full Name of Mother	Elizabeth Frances Sprint
6. Mother's Maiden Name	Elizabeth Frances Allen
7. Mother's Birthplace	Baltimore City
8. Full Name of Father	Charles Hasty Sprint
9. Father's Occupation	Printer
10. Father's Birthplace	Clark County Virginia
Name of Medical Attendant, or other Person who makes this Return.	H S Brown M D
Address	225 N Eutaw St
Remarks	

RETURN OF A BIRTH.

81912

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
OCT 5 1885
BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) white

3. Date of Birth 26th Sept.

4. Place of Birth, (Street and Number) 378 West st.

5. Full Name of Mother, Carrie Deets

6. Mother's Maiden Name, " Schneider

7. Mother's Birthplace, Balto.

8. Full Name of Father, August Deets

9. Father's Occupation, Laborer

10. Father's Birthplace, Balto

Name of Medical Attendant, or other Person who makes this Return. C. L. Bradenbaugh

Address, 166 S. Paca st

Remarks,

for each offence to be recovered as other fines and forfeitures are recoverable.

Co., City Printers and Stationers.

RETURN OF A BIRTH.

819163

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, OCT 2 1885 BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Sixth Child

Sex, (~~state whether male or~~ female)

2. Race or Color, (if not of the white race)

3. Date of Birth Sept. 26th 1883

4. Place of Birth, (Street and Number) 343 W. Lombard St

5. Full Name of Mother, Emma G. Trautz

6. Mother's Maiden Name Emma G. Underwood

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Henry Trautz

9. Father's Occupation, Candy Manufacturer

Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. A. W. Colburn

Address, 343 W. Lombard St

Remarks,

for each offence to be recovered as other fines and forfeitures are recoverable.

& Co., City Printers and Stationers.

RETURN OF A BIRTH

81914

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, OCT 3 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) ~~1~~ 1

Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Sept. 26th 1885

4. Place of Birth, (Street and Number) 260 S. Paca St

5. Full Name of Mother, Emma C. Aydlett

6. Mother's Maiden Name, Helsley

7. Mother's Birthplace, Pa

8. Full Name of Father, Chas. H. Aydlett

9. Father's Occupation, Clerk

Father's Birthplace, N C.

Name of Medical Attendant, or other Person who makes this Return. R. C. Lee

Address, Hanover St

Remarks,

for each offence to be recovered as other fines and forfeitures are recoverable.

., City Printers and Stationers.

81915

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Wh.
3. Date of Birth, Sept. 27th 1885
4. Place of Birth, (Street and Number) 77 S Collington Ave.
5. Full Name of Mother, Mary ~~Wilson~~ Nelson Kratz
6. Mother's Maiden Name, ~~Wilson~~ Nelson
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Jno. A. Kratz
9. Father's Occupation, Carpenter
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other Person who makes this Return. E. B. Bridgeman M.D.

Address, 51 S Broadway

Remarks,

HEALTH DEPARTMENT
OCT 6 1885
BALTIMORE, MD.

This Certificate is to be recovered as other files and forfeitures are recoverable.

RETURN OF A BIRTH

8191b

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, Oct 2 1885

4. Place of Birth, (Street and Number) 46 Davis St

5. Full Name of Mother, Mary Everton

6. Mother's Maiden Name, Mary Malvia Everton

7. Mother's Birthplace, Franklin Va

8. Full Name of Father, Charles Everton

9. Father's Occupation, fireman

10. Father's Birthplace, Woodsville N C

Name of Medical Attendant, or other Person who makes this Return Mrs Charity Jones

Address, 79 Grand alley

Remarks,

HEALTH DEPARTMENT
OCT 4 1885
BALTIMORE, MD.

CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
OCT 5 1885
BALTIMORE MD

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 15 child

Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, 28 of September

4. Place of Birth, (Street and Number) No 2 Lower Court

5. Full Name of Mother, Margaret Miller

6. Mother's Maiden Name, Margaret Colburn

7. Mother's Birthplace, Pensylvania

8. Full Name of Father, Coral Miller

9. Father's Occupation, Laborer

Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return May Jane Richardson

Address, 212 Lower Street

Remarks,

any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth child

Sex, (state whether male or female) Female

2. *Race or Color, (if not of the white race)* Colored

3. *Date of Birth,* 28 of September

4. *Place of Birth, (Street and Number)* No 2 Amity Street Court

5. *Full Name of Mother,* Miss Annie Frigrow

6. *Mother's Maiden Name,* Miss Annie Roase

7. *Mother's Birthplace,* Baltimore

8. *Full Name of Father,* Sriam Firgrow

9. *Father's Occupation,* Cigar Maker

Father's Birthplace, Cuba

Name of Medical Attendant, or other Person who makes this Return, May Jane Richardson

Address, No 212 Dover Street

Remarks,

HEALTH DEPARTMENT, OCT 5 1885 BALTIMORE, MD.

any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

PRINTERS AND STATIONERS.

NOTICE

The succeeding documents were received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

81919

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

Sex, (state whether male or female) Male

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* September 28th 1885

4. *Place of Birth, (Street and Number)* 150 S. Carolina St. Cat

5. *Full Name of Mother,* Estella Lake

6. *Mother's Maiden Name,* Despeaux

7. *Mother's Birthplace,* Baltimore Md

8. *Full Name of Father,* James B Lake

9. *Father's Occupation,* Painter

10. *Father's Birthplace,* Baltimore Md

Name of Medical Attendant, or other Person who makes this Return. Mrs Hannah Snowden

Address, 144 South Bond Street

Remarks, Lady

HEALTH DEPARTMENT
OCT 5 1885
BALTIMORE MD

for each offence to be recovered as other fines and forfeitures are recoverable.

..., City Printers and Stationers.

81920

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, OCT 5 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) .....

Sex, (state whether male or female) Male

2. *Race or Color, (if not of the white race)* white

3. *Date of Birth,* Sept 28 1885

4. *Place of Birth, (Street and Number)* 15 Baundry ave

5. *Full Name of Mother,* Lizzie Bergman

6. *Mother's Maiden Name,* Lizzie Lehhouse

7. *Mother's Birthplace,* O. Germany

8. *Full Name of Father,* John Bergman

9. *Father's Occupation,* Hostler

Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs E Mesemlke

Address, 404 Penna Ave

Remarks, ...

Co., City Printers and Stationers.

RETURN OF A BIRTH

81921

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT,
OCT 1 1885
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th
Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	?
3. Date of Birth,	28th of September
4. Place of Birth, (Street and Number)	104 Chase St.
5. Full Name of Mother,	Mary Sullivan
6. Mother's Maiden Name,	M. Gordon
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	Timothy Sullivan
9. Father's Occupation,	Printer
Father's Birthplace,	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Sarah Casper
Address,	728 E. Lombard St.
Remarks,	

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

O., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3d
Sex, (state whether male or female)	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Septr. 29th 1885.
4. *Place of Birth, (Street and Number)*	608 W. Pratt St.
5. *Full Name of Mother,*	Olivia Attilla Rufsell
6. *Mother's Maiden Name,*	Albright
7. *Mother's Birthplace,*	Balto. City.
8. *Full Name of Father,*	Geo. H. Rufsell
9. *Father's Occupation,*	Paperhanger
Father's Birthplace,	Washington D.C. ~~Balto. City~~
Name of Medical Attendant, or other Person who makes this Return	J. H. Christian M.D.
Address,	506 Madison Ave.
Remarks,	

HEALTH DEPARTMENT, OCT 1 1885 BALTIMORE, MD.

any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

PRINTED AND STATIONERED.

8192 3

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3

Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth Sept. 29 - 1885

4. Place of Birth, (Street and Number) 169 E Pratt St.

5. Full Name of Mother, Corneertine Anderson

6. Mother's Maiden Name, Heard

7. Mother's Birthplace, San - Francisco

8. Full Name of Father, P. V. Anderson

9. Father's Occupation, Post Clerk

10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other Person who makes this Return. Mary Klein

Address, 151 E Pratt St.

Remarks,

HEALTH DEPARTMENT
OCT 12 1885
BALTIMORE, MD

or persons who shall hereafter fail to comply with the provisions of this ... for each offence to be recovered as other fines and forfeitures are recoverable.

y & Co., City Printers and Stationers.

RETURN OF A BIRTH.

8 1924

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
OCT 14 1885
BALTIMORE MD

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3

Sex, (state whether male or female) femall

2. Race or Color, (if not of the white race) Colord

3. Date of Birth Sep 29th 1885

4. Place of Birth, (Street and Number) 252 West St

5. Full Name of Mother, Lucy Buttler

6. Mother's Maiden Name, Lucy mason

7. Mother's Birthplace, Virginia

8. Full Name of Father, William Buttler

9. Father's Occupation, Driver

10. Father's Birthplace, Annaplis

Name of Medical Attendant, or other Person who makes this Return. Schlattie Williams

Address, 164 S. Howard St

Remarks, five dollars

for each offence to be recovered as other fines and forfeitures are recoverable.

& Co., City Printers and Stationers.

RETURN OF A BIRTH

81925

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
OCT 1 1895
BALTIMORE MD

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	7th
Sex, (state whether male or female)	Male
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	29th of September
4. *Place of Birth, (Street and Number)*	88 Augusta St.
5. *Full Name of Mother,*	Amelia Land
6. *Mother's Maiden Name,*	A. Jut
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Heinrich Land
9. *Father's Occupation,*	Tailor
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Sarah Casper
Address,	7 E. Lombard St.
Remarks,	

for each offence to be recovered as other fines and forfeitures are recoverable.

, City Printers and Stationers.

RETURN OF A BIRTH

81926

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, OCT 1 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st. Child.

Sex, (state whether male or female) Female.

2. Race or Color, (if not of the white race)

3. Date of Birth, September 29th.

4. Place of Birth, (Street and Number) Charles Street. No number.

5. Full Name of Mother, Catherine Moren.

6. Mother's Maiden Name, Moren.

7. Mother's Birthplace, Ireland.

8. Full Name of Father, George Murphy.

9. Father's Occupation, Laboror.

Father's Birthplace, Baltimore.

Name of Medical Attendant, or other Person who makes this Return. Charlotte Crosby.

Address, 369 Cathedral Street.

Remarks,

for each offence to be recovered as other fines and forfeitures are recoverable.

..., City Printers and Stationers.

RETURN OF A BIRTH. 81727

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd

Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth 29 September 1885

4. Place of Birth, (Street and Number) 147 Washington Avenue

5. Full Name of Mother, Annie Smarden.

6. Mother's Maiden Name, Annie Laura Smarden.

7. Mother's Birthplace, Baltimore Md.

8. Full Name of Father, John Smarden.

9. Father's Occupation, Car Driver

10. Father's Birthplace, Baltimore County

Name of Medical Attendant, or other Person who makes this Return. Mrs. C. Seebeck

Address, 437 W Pratt Street,

Remarks,

HEALTH DEPARTMENT
OCT 5 1885
BALTIMORE

For each offence to be incurred as other fines and forfeitures are recovered.

Co., City Printers and Stationers.

RETURN OF A BIRTH. 81928

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, OCT 6 1885 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) fifth Child

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* 1885 September 29th
4. *Place of Birth, (Street and Number)* 28 Ryan Street
5. *Full Name of Mother,* Mary Murphy
6. *Mother's Maiden Name,* Mary Lacy
7. *Mother's Birthplace,* Ireland
8. *Full Name of Father,* Patrick Murphy
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Ireland

Name of Medical Attendant, or other Person who makes this Return. Susan Hunter

Address, 21 No Poppelton St

Remarks,

for each offence to be recovered as other fines and forfeitures are recoverable.

Co., City Printers and Stationers.

RETURN OF A BIRTH. 81929

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, OCT 2 1885 BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth Sept. 29. 1885.
4. Place of Birth, (Street and Number) 5 Hydes Court
5. Full Name of Mother, Jennie Thomas
6. Mother's Maiden Name, Robbins
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Samuel Thomas
9. Father's Occupation, Laborer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs Scarborough.

Address, 220 Montgomery St.

Remarks,

for each offence to be recovered as other fines and forfeitures are recoverable.

& Co., City Printers and Stationers.

RETURN OF A BIRTH

81930

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, OCT 1 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2
Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	
3. Date of Birth,	30th of September
4. Place of Birth, (Street and Number)	184 Bond St.
5. Full Name of Mother,	Margaret Schneider
6. Mother's Maiden Name,	M. Fockel
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	Robert O. Schneider
9. Father's Occupation,	Tinsmith
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Sarah Casper
Address,	72 E. Lombard St.
Remarks,	

for each offence to be recovered as other fines and forfeitures are recoverable.

..., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6
Sex, (state whether male or female)	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Septr. 30. 1885.
4. *Place of Birth, (Street and Number)*	50 Mc Mechin
5. *Full Name of Mother,*	Fannie Vernay
6. *Mother's Maiden Name,*	Hurst
7. *Mother's Birthplace,*	Balto. City
8. *Full Name of Father,*	Vernay
9. *Father's Occupation,*	Coal Driver
Father's Birthplace,	
Name of Medical Attendant, or other Person who makes this Return	J. A. Christian. M.D.
Address,	506 Madison Ave.
Remarks,	

HEALTH DEPARTMENT, OCT 1 1885 BALTIMORE, MD

PRINTERS AND STATIONERS.

RETURN OF A BIRTH

81932

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
OCT 2 1885
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2d
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	Sept 30th 1885
4. Place of Birth, (Street and Number)	14 Clarkson St
5. Full Name of Mother,	Sarah R. Henry
6. Mother's Maiden Name,	Sullivan
7. Mother's Birthplace,	Balto.
8. Full Name of Father,	Edward V. Henry
9. Father's Occupation,	Musician
10. Father's Birthplace,	Balto.
Name of Medical Attendant, or other Person who makes this Return.	R. C. Lee
Address,	Hanover St
Remarks,	

for each offence to be recovered as other fines and forfeitures are recoverable.

., City Printers and Stationers.

NOTICE

The succeeding document was received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

GIVEN NAME ADDED 5-4-50

81930

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, OCT 2 1885 BALTIMORE, MD.

No. of Child of Mother (state whether 1st, ~~2d, 3d~~, &c.) Leonard M. Gahm

1. Sex, (state whether male or ~~female~~)
2. Race or Color, (if not of the white race)
3. Date of Birth 30 of September
4. Place of Birth, (Street and Number) 104 South Paca street
5. Full Name of Mother, Ida M. Gahm.
6. Mother's Maiden Name, Ida Miller
7. Mother's Birthplace, America
8. Full Name of Father, William Gahm.
9. Father's Occupation, Cabinet Cabinet Maker
10. Father's Birthplace, America

Name of Medical Attendant, or other Person who makes this Return. Mrs. Menck

Address, 101 Leadenhall street

Remarks,

for each offence to be recovered as other fines and forfeitures are recoverable.

& Co., City Printers and Stationers.

RETURN OF A BIRTH,

819-34

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
OCT 5 1885
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th
1. *Sex (state whether male or female)*	female
2. *Race or Color, (if not of the white race)*	white
3. *Date of Birth*	Sept 30 85
4. *Place of Birth, (Street and Number)*	571 Mulberry St
5. *Full Name of Mother*	Lucy Lee Shettle
6. *Mother's Maiden Name*	Edmondson
7. *Mother's Birthplace*	Norfolk Va
8. *Full Name of Father*	Hunter Shettle
9. *Father's Occupation*	Car Driver
10. *Father's Birthplace*	Baltimore Md
Name of Medical Attendant, or other Person who makes this Return.	H. K. Statterhoff M.D.
Address	221 Madison St
Remarks	

RETURN OF A BIRTH.

8193.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
OCT 5 1885
BALTIMORE MD

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st Children

Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) white

3. Date of Birth 30th of September 1885

4. Place of Birth, (Street and Number) 209 west Holland st

5. Full Name of Mother, Emma C rosendall

6. Mother's Maiden Name, Emma C svenson

7. Mother's Birthplace, Born in sweden

8. Full Name of Father, Olof rosendall

9. Father's Occupation, Cabinet maker

10. Father's Birthplace, Sweden

Name of Medical Attendant, or other Person who makes this Return. Mrs Catherine Seebeck

Address, No 439 W Pratt Street

Remarks,

or person who shall hereafter fail to comply with the provisions of this section, shall for each offence to be recovered as other fines and forfeitures are recoverable.

& Co., City Printers and Stationers.

RETURN OF A BIRTH.

8193 f

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, OCT 3 1885 BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th Child

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth 1st September

4. Place of Birth, (Street and Number) 931 West Pratt st. Baltimore

5. Full Name of Mother, Elesbett Miller

6. Mother's Maiden Name, Elesbett Pfarg

7. Mother's Birthplace, Baltimore City

8. Full Name of Father, John Diedrich Miller

9. Father's Occupation, House and Sign Painter

10. Father's Birthplace, Baltimore city

Name of Medical Attendant, or other Person who makes this Return. Annie Lindner.

Address, No 95 S. Howard st.

Remarks,

for each offence to be recovered as other fines and forfeitures are recoverable.

& Co., City Printers and Stationers.

RETURN OF A BIRTH.

81937

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, OCT 3 1885 BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Third
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	
3. Date of Birth	September 1st 1885
4. Place of Birth, (Street and Number)	151 E. Fremont St.
5. Full Name of Mother,	Louise Anna Wehage
6. Mother's Maiden Name,	" " Winter
7. Mother's Birthplace,	Baltimore Md.
8. Full Name of Father,	H. Henry Wehage
9. Father's Occupation,	Musician
10. Father's Birthplace,	Baltimore Md.
Name of Medical Attendant, or other Person who makes this Return.	Annie Lindner.
Address,	45 S. Monroe St.
Remarks,	

For each offence to be recovered as other fines and forfeitures are recoverable.

A. Co., City Printers and Stationers.

RETURN OF A BIRTH

81938

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
OCT 3 1885
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

Sex, (state whether male or female) female

2. Race or Color, (if not of the white race)

3. Date of Birth, September 1st 1885

4. Place of Birth, (Street and Number) Baltimore City No 119 Ridgley St

5. Full Name of Mother, Caroline A Hauck

6. Mother's Maiden Name, Caroline A Hauck

7. Mother's Birthplace, Baltimore City

8. Full Name of Father, Julius Hauck

9. Father's Occupation, Cane Makes

Father's Birthplace, Baltimore City

Name of Medical Attendant, or other Person who makes this Return. Mrs. M. Shaffer

Address, No 373 Hamburg St

Remarks,

for each offence to be recovered as other fines and forfeitures are recoverable.

City Printers and Stationers.

81939

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
OCT 2 1885
BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2d

Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth Sept 2d 1885

4. Place of Birth, (Street and Number) No 35 S Ann str

5. Full Name of Mother, Agnus Mohr

6. Mother's Maiden Name, " Reiman

7. Mother's Birthplace, City

8. Full Name of Father, Anton Mohr

9. Father's Occupation, Paper hanger

Father's Birthplace, City

Name of Medical Attendant, or other Person who makes this Return. Mrs Elizabeth Betz

Address, 120 Bank str.

Remarks,

or persons who shall hereafter fail to comply with the provisions of this Return, for each offence to be recovered as other fines and forfeitures are recoverable.

& Co., City Printers and Stationers,

81940

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth Sept 2d 1885
4. Place of Birth, (Street and Number) 218 Alice Ann
5. Full Name of Mother, Eliza Dickhaut
6. Mother's Maiden Name, " Hergel
7. Mother's Birthplace, City
8. Full Name of Father, Fredrick Dickhaut
9. Father's Occupation, Huckster
10. Father's Birthplace, City

Name of Medical Attendant, or other Person who makes this Return. Mrs Elizabeth Betz

Address, 120 Bank St

Remarks,

HEALTH DEPARTMENT OCT 2 1885 BALTIMORE, MD.

Of persons who shall hereafter fail to comply with the provisions of this Return, for each offence to be recovered as other fines and forfeitures are recoverable.

& Co., City Printers and Stationers.

NOTICE

The succeeding document was received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

RETURN OF A BIRTH

81941

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) colored

3. Date of Birth, Sept 2nd 1885

4. Place of Birth, (Street and Number) 105 Vincent Alley

5. Full Name of Mother, Mary Mathews

6. Mother's Maiden Name, Mary Langston

7. Mother's Birthplace, Anne Arundel

8. Full Name of Father, Henry Mathews

9. Father's Occupation, Laborer

10. Father's Birthplace, Virginia

Name of Medical Attendant, or other Person who makes this Return. Sarah Rollins

Address,

Remarks,

HEALTH DEPARTMENT, OCT 3 1885, BALTIMORE, MD.

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, OCT. 4 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Sept. 3 1885

4. Place of Birth, (Street and Number) 142 Argyle Avenue

5. Full Name of Mother, Anna E. Guterman

6. Mother's Maiden Name, " " Fowle

7. Mother's Birthplace, East City

8. Full Name of Father, Charles F. Guterman

9. Father's Occupation, Clerk

10. Father's Birthplace, East City

Name of Medical Attendant, or other Person who makes this Return Mahlon Brewer MD

Address, 68 McCulloh St.

Remarks,

any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

8194

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth Sept 3d 1885

4. Place of Birth, (Street and Number) 151 S Chester

5. Full Name of Mother, Sally Long

6. Mother's Maiden Name, " Whet

7. Mother's Birthplace, City

8. Full Name of Father, Robert Long

9. Father's Occupation, Huckster

10. Father's Birthplace, City

Name of Medical Attendant, or other Person who makes this Return. Mrs Elizabeth Betz

Address, 120 Bank St

Remarks,

HEALTH DEPARTMENT, OCT 2 1885 BALTIMORE, MD.

for each offence to be recovered as other fines and forfeitures are recoverable.

& Co., City Printers and Stationers.

RETURN OF A BIRTH.

8 1944

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth Sept 4 1885
4. Place of Birth, (Street and Number) No 122 Bank st
5. Full Name of Mother, Fannie Fernheimer
6. Mother's Maiden Name, " Herford
7. Mother's Birthplace, City
8. Full Name of Father, Louis Fernheimer
9. Father's Occupation, Horse Dealer
10. Father's Birthplace, City

Name of Medical Attendant, or other Person who makes this Return. Mrs Elizabeth Betz

Address, 120 Bank st.

Remarks,

HEALTH DEPARTMENT OCT 21 1885 BALTIMORE MD

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the same penalties for each offence to be recovered as other fines and forfeitures are recoverable.

& Co., City Printers and Stationers.

RETURN OF A BIRTH.

819115

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) Wht

3. Date of Birth Sept. 5. 1885

4. Place of Birth, (Street and Number) 265 N Beddle st

5. Full Name of Mother, Delia Riley

6. Mother's Maiden Name, " Sullivan

7. Mother's Birthplace, New York

8. Full Name of Father, Paul G Riley

9. Father's Occupation, Clerk in clothing house

10. Father's Birthplace, Penna.

Name of Medical Attendant, or other Person who makes this Return. G Lane Tanyhill

Address, 219 Madison ave.

Remarks, Primipara. Chloroform & instruments.

HEALTH DEPARTMENT, OCT 10 1885 BALTIMORE MD

for each offence to be recovered as other fines and forfeitures are recoverable.

& Co., City Printers and Stationers.

81946

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 9th

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth Sept 6th 1885

4. Place of Birth, (Street and Number) 88 S Caroline st

5. Full Name of Mother, Mary E Stokes

6. Mother's Maiden Name, " " Seckle

7. Mother's Birthplace, City

8. Full Name of Father, John Stokes

9. Father's Occupation, Boy maker

10. Father's Birthplace, City

Name of Medical Attendant, or other Person who makes this Return. Mrs Elizabeth Bolz

Address, 120 Bank st

Remarks,

HEALTH DEPARTMENT OCT 2 1885 BALTIMORE MD

for each offence to be recovered as other fines and forfeitures are recoverable.

& Co., City Printers and Stationers.

RETURN OF A BIRTH.

81947

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
OCT 2 1885
BALTIMORE, MD

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth Sept 16th 1885
4. Place of Birth, (Street and Number) 26 S Patterson Park Ave
5. Full Name of Mother, Johanna Eikenberg
6. Mother's Maiden Name, " Eikenberg
7. Mother's Birthplace, Germany
8. Full Name of Father, Julius Eikenberg
9. Father's Occupation, Cigar maker
10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs Elizabeth Betz

Address, 120 Bank str.

Remarks,

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of one dollar for each offence to be recovered as other fines and forfeitures are recoverable.

& Co., City Printers and Stationers.

81948

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, OCT 2 1885 BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth Sept 7th 1885
4. Place of Birth, (Street and Number) No 175 S Ann st
5. Full Name of Mother, Maggeretha Krell
6. Mother's Maiden Name, " Witzel
7. Mother's Birthplace, Germany
8. Full Name of Father, Johan Krell
9. Father's Occupation, Laborer
10. Father's Birthplace, Germany.

Name of Medical Attendant, or other Person who makes this Return. Mrs Elizabeth Betz

Address, 120 Bank st

Remarks,

or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to the under-mentioned penalty for each offence to be recovered as other fines and forfeitures are recoverable.

& Co., City Printers and Stationers.

RETURN OF A BIRTH

81949

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, OCT 2 1885 BALTIMORE MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, 8th September 1885

4. Place of Birth, (Street and Number) Boston street canton

5. Full Name of Mother, Emma Gough

6. Mother's Maiden Name, Emma Eye

7. Mother's Birthplace, Baltimore City

8. Full Name of Father, William W. Gough

9. Father's Occupation, Fireman

10. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other Person who makes this Return, Mrs Sarah Sellers

Address, 104 Curley street

Remarks,

for each offence to be recovered as other fines and forfeitures are recoverable.

, City Printers and Stationers.

RETURN OF A BIRTH.

81950

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, OCT 3 1885 BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st child

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth 9 September 1885

4. Place of Birth, (Street and Number) No 441 McHenry st.

5. Full Name of Mother, Emil White

6. Mother's Maiden Name, (1) Banks

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Roberte White

9. Father's Occupation, Machin, agent

10. Father's Birthplace, Richmond.

Name of Medical Attendant, or other Person who makes this Return. Mrs Gardner

Address, No 45 S Monroe st.

Remarks,

For each offence to be received as other fines and forfeitures are recoverable.

Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
OCT 4 1885
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	
Sex, (state whether male or female)	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Sept. 9. 1885
4. *Place of Birth, (Street and Number)*	129 Linden Avenue
5. *Full Name of Mother,*	Mary A. Lucas
6. *Mother's Maiden Name,*	" McGovern
7. *Mother's Birthplace,*	Balt City
8. *Full Name of Father,*	Robt J. Lucas
9. *Father's Occupation,*	Mechanic
Father's Birthplace,	Virginia
Name of Medical Attendant, or other Person who makes this Return	Marbury Brown M D
Address,	68 McCulloh St
Remarks,	

any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

PRINTERS AND STATIONERS.

RETURN OF A BIRTH

81952

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, OCT 10 1885 BALTIMORE MD

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Sept 9. 1885
4. *Place of Birth, (Street and Number)* 219 N Fulton ave
5. *Full Name of Mother,* Florence M Patterson
6. *Mother's Maiden Name,* Florence Moxley
7. *Mother's Birthplace,* Washington D.C.
8. *Full Name of Father,* Frank Patterson
9. *Father's Occupation,* Ship Broker
10. *Father's Birthplace,* Baltimore Md

Name of Medical Attendant, or other Person who makes this Return James Bosley Md

Address, 319 Hollins st

Remarks, Balto Md

any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

INTERS AND STATIONERS.

RETURN OF A BIRTH

11953

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th
1. *Sex, (state whether male or female)*	male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Sept 10. 1885
4. *Place of Birth, (Street and Number)*	78 S Carey
5. *Full Name of Mother,*	Isabella M Magee
6. *Mother's Maiden Name,*	Isabella McClatchey
7. *Mother's Birthplace,*	Balto Md
8. *Full Name of Father,*	James Magee
9. *Father's Occupation,*	Janitor
10. *Father's Birthplace,*	Balto Md
Name of Medical Attendant, or other Person who makes this Return	James Bosley M.D.
Address,	319 Hollins St
Remarks,	Balto Md

HEALTH DEPARTMENT OCT 10 1885 BALTIMORE, MD.

...to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

...INTERS AND STATIONERS.

81954

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, OCT 3 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	September 11th 1885
4. Place of Birth, (Street and Number)	#422 Lancaster St
5. Full Name of Mother,	Mrs Annie Henderson
6. Mother's Maiden Name,	Miss Annie Powell
7. Mother's Birthplace,	Ireland
8. Full Name of Father,	John Henderson
9. Father's Occupation,	Laborer,
10. Father's Birthplace,	Ireland
Name of Medical Attendant, or other Person who makes this Return.	Mrs R. A. Garrett,
Address,	No 65 Burke St.
Remarks,	

for each offence to be recovered as other fines and forfeitures are recoverable.

o., City Printers and Stationers.

RETURN OF A BIRTH

81955

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
OCT 2 1885
BALTIMORE MD

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fifth

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, 12th September 1885

4. Place of Birth, (Street and Number) 63 Odonnell street

5. Full Name of Mother, Elizabeth Mille

6. Mother's Maiden Name, Elizabeth Haldebrant

7. Mother's Birthplace, Germanys

8. Full Name of Father, Frederick Mille

9. Father's Occupation, Shoemaker

10. Father's Birthplace, Germanys

Name of Medical Attendant, or other Person who makes this Return. Mrs Sarah Sullens

Address, 104 Curleys street

Remarks,

for each offence to be recovered as other fines and forfeitures are recoverable.

., City Printers and Stationers.

8196

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Second

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth Sep 12, 188[illegible]

4. Place of Birth, (Street and Number) 33 Lemon Street

5. Full Name of Mother, Annie Theresia Lears

6. Mother's Maiden Name, Blum

7. Mother's Birthplace, Catonsville Balto. Co.

8. Full Name of Father, Clemens Henry Lears

9. Father's Occupation, Business Manager

10. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other Person who makes this Return. Annie Fiedler.

Address, No 45 S. Monroe st.

Remarks,

HEALTH DEPARTMENT OCT 3 1885 BALTIMORE MD.

for each offence to be recovered as other fines and forfeitures are recoverable.

Co., City Printers and Stationers.

RETURN OF A BIRTH. 8197

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, OCT 2 1885 BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 10th

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth Sept 13th 1885

4. Place of Birth, (Street and Number) N. 164 S Ann sts.

5. Full Name of Mother, Barbara Guckert

6. Mother's Maiden Name, " Rotzman

7. Mother's Birthplace, City

8. Full Name of Father, Christopher Guckert

9. Father's Occupation, Lumber Inspector

10. Father's Birthplace, City

Name of Medical Attendant, or other Person who makes this Return. Mrs Elizabeth Betz

Address, 120 Bank sts.

Remarks,

or persons who shall hereafter fail to comply with the provisions of this section, for each offence to be recovered as other fines and forfeitures are recoverable.

& Co., City Printers and Stationers.

RETURN OF A BIRTH.

8195 8

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, OCT 2 1885 BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3d

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth Sept 15th 1885

4. Place of Birth, (Street and Number) 115 E. Lombard st

5. Full Name of Mother, Katherina Kraus

6. Mother's Maiden Name, " Kimmelman

7. Mother's Birthplace, City

8. Full Name of Father, Emanuel Kraus

9. Father's Occupation, Baker

10. Father's Birthplace, City

Name of Medical Attendant, or other Person who makes this Return. Mrs Elizabeth Belz

Address, 120 Bank st

Remarks,

for each offence to be recovered as other fines and forfeitures are recoverable.

Co., City Printers and Stationers.

RETURN OF A BIRTH

81959

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, OCT 3 1885 BALTIMORE MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) first

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race)
3. Date of Birth, September 15th 1885
4. Place of Birth, (Street and Number) Baltimore City, No 116, S. Howard St
5. Full Name of Mother, Mary Bourke
6. Mother's Maiden Name, Mary Cash
7. Mother's Birthplace, England
8. Full Name of Father, Bernard H. Bourke
9. Father's Occupation, Conductor on the Car
10. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other Person who makes this Return. Miss M. Shaffer

Address, No 373 Hamburg St

Remarks,

for each offence to be recovered as other fines and forfeitures are recoverable.

, City Printers and Stationers.

RETURN OF A BIRTH. 81960

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) male

Race or Color, (if not of the white race) wht.

3. Date of Birth Sept. 16. 1885

4. Place of Birth, (Street and Number) 109 Cathedral St

5. Full Name of Mother, Margaret Cormack

6. Mother's Maiden Name, " O'Donnell

7. Mother's Birthplace, Md.

8. Full Name of Father, Alfred Cormack

9. Father's Occupation, Grocer and Liquor dealer

10. Father's Birthplace, Nova Scotia

Name of Medical Attendant, or other Person who makes this Return. G Lane Taneyhill

Address, 219 Madison ave

Remarks, rapid & severe labor at 4 a m.

HEALTH DEPARTMENT OCT 18 1885 BALTIMORE

for each offence to be recovered as other fines and forfeitures are recoverable.

& Co., City Printers and Stationers.

RETURN OF A BIRTH.

8 1761

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 9th

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth Sept 16th 1883

4. Place of Birth, (Street and Number) 142 Madeira alley

5. Full Name of Mother, Maria Peeringer

6. Mother's Maiden Name, " Ehrman

7. Mother's Birthplace, City

8. Full Name of Father, Frank Peeringer

9. Father's Occupation, Laborer

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs Elizabeth Batz

Address, 120 Bank st

Remarks,

HEALTH DEPARTMENT, OCT 2 1883 BALTIMORE, MD

for each offence to be recovered as other fines and forfeitures are recoverable.

& Co., City Printers and Stationers.

RETURN OF A BIRTH.

81962

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth Sept 17th 1885
4. Place of Birth, (Street and Number) No 136 Central Ave
5. Full Name of Mother, Sarah Cooney
6. Mother's Maiden Name, " Tilek
7. Mother's Birthplace, City
8. Full Name of Father, Patrick Cooney
9. Father's Occupation, Driver
10. Father's Birthplace, City

Name of Medical Attendant, or other Person who makes this Return. Mrs Elisabeth Betz

Address, 120 Banks St

Remarks,

HEALTH DEPARTMENT OCT 2 1885 BALTIMORE, MD.

for each offence to be recovered as other fines and forfeitures are recoverable.

& Co., City Printers and Stationers.

RETURN OF A BIRTH

8196

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth, Sept. 17 "

4. Place of Birth, (Street and Number) 88 Barre St "

5. Full Name of Mother, Mary A. Smith,

6. Mother's Maiden Name, " " Essex,

7. Mother's Birthplace, Calvert Co. Md.

8. Full Name of Father, John Smith,

9. Father's Occupation, Carpenter,

10. Father's Birthplace, Balto. City -,

Name of Medical Attendant, or other Person who makes this Return, R. J. N. Talbott M.D.,

Address, 159 Sharp St.

Remarks,

HEALTH DEPARTMENT
OCT 4 1885
BALTIMORE MD.

for each offence to be recovered as other fines and forfeitures are recoverable.

City Printers and Stationers.

RETURN OF A BIRTH.

819624

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
SEP 24 1885
BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4. th
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	18. of September 1885
4. Place of Birth (Street and Number)	№ 11. Abbott Str.
5. Full Name of Mother	Mary Hladky
6. Mother's Maiden Name	Mary Havlas
7. Mother's Birthplace	Bohemia
8. Full Name of Father	Matheus Hladky
9. Father's Occupation	Laborer
10. Father's Birthplace	Bohemia
Name of Medical Attendant, or other Person who makes this Return.	Khatesina, Pazourek
Address	№41. Abbott St
Remarks	Born Live

CORRECTION

The preceding document has been re-photographed to assure legibility and its image appears immediately hereafter.

RETURN OF A BIRTH.

819 64

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
SEP 24 1885
BALTIMORE MD

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4th
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	18th of September 1885
4. Place of Birth (Street and Number)	No 11 Abbott Str.
5. Full Name of Mother	Mary Hladky
6. Mother's Maiden Name	Mary Havlas
7. Mother's Birthplace	Bohemia
8. Full Name of Father	Mathews Hladky
9. Father's Occupation	Laborer
10. Father's Birthplace	Bohemia
Name of Medical Attendant, or other Person who makes this Return.	Khatcina, Pazourek
Address	No 11 Abbott St
Remarks	Born Alive

8196

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, SEP 25 1885 BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth Sept 18 84
4. Place of Birth, (Street and Number) No 88 N Broadway
5. Full Name of Mother, Mrs Kate Stock
6. Mother's Maiden Name, " " Pentsmith
7. Mother's Birthplace, Baltimore
8. Full Name of Father, George Stock
9. Father's Occupation, Cattle
10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return. Wm Goetzke

Address, No 665 Bond St

Remarks,

for each offence to be recovered as other fines and forfeitures are recoverable.

Co., City Printers and Stationers.

81966

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) six child

1. *Sex, (state whether male or female)* Fear

2. *Race or Color, (if not of the white race)*

3. *Date of Birth* 18 September 1885

4. *Place of Birth, (Street and Number)* 53 Lemon st.

5. *Full Name of Mother,* Rose Siaglar

6. *Mother's Maiden Name,* Kelepeim

7. *Mother's Birthplace,* Baltimore

8. *Full Name of Father,* John Siaglar

9. *Father's Occupation,* Hackdriver

10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Annie Lindner

Address, No 45 S. Monroe st.

Remarks,

HEALTH DEPARTMENT, OCT 3 1885 BALTIMORE, MD.

for each offence to be recovered as other fines and forfeitures are recoverable.

Co., City Printers and Stationers.

81967

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
OCT 4 1885
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) .....

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 18 September 1885
4. Place of Birth, (Street and Number) 54 President Street
5. Full Name of Mother, Emma Covo
6. Mother's Maiden Name, Emma Elliott
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Louis Covo
9. Father's Occupation, Blacksmith
10. Father's Birthplace, Louisville Kentucky

Name of Medical Attendant, or other Person who makes this Return. A F Reinhard

Address, 211 N Howard St

Remarks, ...

.....

for each offence to be recovered as other fines and forfeitures are recoverable.

..., City Printers and Stationers.

RETURN OF A BIRTH

8196 8

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
OCT 4 1885
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Male

2. *Race or Color, (if not of the white race)*

3. *Date of Birth,* Sept 18

4. *Place of Birth, (Street and Number)* 487 Franklin St.

5. *Full Name of Mother,* Anna Wheat

6. *Mother's Maiden Name,* — Groscup

7. *Mother's Birthplace,* Harford Co.

8. *Full Name of Father,* Wm R. Wheat

9. *Father's Occupation,* Merchant

10. *Father's Birthplace,* Balt.

Name of Medical Attendant, or other Person who makes this Return. J. L. McMillan

Address, 251 Mad. Av.

Remarks,

For each address to be recovered as other fees and forfeitures are recovered.

...o., City Printers and Stationers.

81969

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, OCT 3 1885 BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) First Child

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* [illegible]
3. *Date of Birth* 18 [illegible] th September
4. *Place of Birth, (Street and Number)* 25½ S. Calhoun
5. *Full Name of Mother,* Carrie L Mitchel
6. *Mother's Maiden Name,* Carrie L Puster
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Ernest Mitchel
9. *Father's Occupation,* House Painter
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Annie Lindner.

Address, No 45 S. Monroe st.

Remarks,

for each offence to be recovered as other fines and forfeitures are recoverable.

& Co., City Printers and Stationers.

81970

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, SEP 25 1885 BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* Sept 19th 85
4. *Place of Birth, (Street and Number)* No. 62 Market Space
5. *Full Name of Mother,* Mrs Annie Wittie
6. *Mother's Maiden Name,* " " Kreuzberg
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Chas Wittie
9. *Father's Occupation,* Saddle
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs Goetzke

Address, No. 55 S. Bond

Remarks,

for each offence to be recovered as other fines and forfeitures are recoverable.

A Co., City Printers and Stationers.

RETURN OF A BIRTH

819771

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, September 1st 18

4. Place of Birth, (Street and Number) No 57 Forrest St Baltimore

5. Full Name of Mother, Sallie ~~Hunter~~ Walker

6. Mother's Maiden Name, Sallie Martin

7. Mother's Birthplace, Virginia

8. Full Name of Father, Adam Walker

9. Father's Occupation, Cader

10. Father's Birthplace, Virginia

Name of Medical Attendant, or other Person who makes this Return. Harriet Jackson

Address, No 14 Dugdies St Baltimore

Remarks,

HEALTH DEPARTMENT OCT 10 1885 BALTIMORE MD

for each offence to be recovered as other fines and forfeitures are recoverable.

ty Printers and Stationers.

RETURN OF A BIRTH

81972

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
OCT 7 1885
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) first

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race)

3. Date of Birth, September 19th 1885

4. Place of Birth, (Street and Number) Baltimore City, No 399 Hamburg St

5. Full Name of Mother, Emma A Becker

6. Mother's Maiden Name, Emma A. Pearis

7. Mother's Birthplace, Ellicott City

8. Full Name of Father, August H Becker

9. Father's Occupation, Book keeper

10. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other Person who makes this Return. Miss M. Shuffer

Address, No 373 Hamburg St

Remarks,

for each offence to be recovered as other fines and forfeitures are recoverable.

., City Printers and Stationers.

81973

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, OCT 3 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Fifth
Sex, (state whether male or female)	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	September 19th 1885
4. *Place of Birth, (Street and Number)*	66 Burke Street
5. *Full Name of Mother,*	Mrs Mary Klemm
6. *Mother's Maiden Name,*	Mary Seifert
7. *Mother's Birthplace,*	Baltimore City
8. *Full Name of Father,*	George Klemm.
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	Baltimore City
Name of Medical Attendant, or other Person who makes this Return.	Mrs R. A. Garrett.
Address,	No 65 Burke St
Remarks,	

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

Co., City Printers and Stationers.

RETURN OF A BIRTH

81974

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
SEP 25 1885
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Dark Colored
3. *Date of Birth,* September 20th 1885
4. *Place of Birth, (Street and Number)* 36 Rayborg St
5. *Full Name of Mother,* Emily Scott
6. *Mother's Maiden Name,* " Johnston
7. *Mother's Birthplace,* Baltimore Md
8. *Full Name of Father,* Emmanuel Scott
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Richmond Va

Name of Medical Attendant, or other Person who makes this Return. Amelia Johnson

Address, 6 Hamilton St

Remarks,

for each offence to be recovered as other fines and forfeitures are recoverable.

, City Printers and Stationers.

RETURN OF A BIRTH.

81975

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth Sept 20th 1885

4. Place of Birth, (Street and Number) 419 L Alice Anna st

5. Full Name of Mother, Wallburgis Krause

6. Mother's Maiden Name, " Friesse

7. Mother's Birthplace, Germany

8. Full Name of Father, Sebastian Krause

9. Father's Occupation, Coal Trimmer

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs Elizabeth Betz

Address, 120 Bank st.

Remarks,

HEALTH DEPARTMENT, OCT 2 1885 BALTIMORE

for each offence to be recovered as other fines and forfeitures are recoverable.

& Co., City Printers and Stationers.

RETURN OF A BIRTH

8197b

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
OCT 2 1885
BALTIMORE, MD

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Sept. 20, 1885

4. Place of Birth, (Street and Number) Malesville, 16 N. Lombard St.

5. Full Name of Mother, Grace Brown

6. Mother's Maiden Name, Do

7. Mother's Birthplace, Do

8. Full Name of Father, —

9. Father's Occupation, —

10. Father's Birthplace, —

Name of Medical Attendant, or other Person who makes this Return. William S. Gardner M.D.

Address, Malesville

Remarks,

for each offence to be recovered as other fines and forfeitures are recoverable.

, City Printers and Stationers.

RETURN OF A BIRTH.

81977

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White.
3. *Date of Birth*	21 st September 1925
4. *Place of Birth, (Street and Number)*	241 Canton avenue
5. *Full Name of Mother,*	Lizzie Grasnup
6. *Mother's Maiden Name,*	Lizzie Wensil
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Charles Grasnup
9. *Father's Occupation,*	Baker
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Mrs E Gray
Address,	193 South Hoster street
Remarks,	Healthy Child.

HEALTH DEPARTMENT
SEP 24 1925
BALTIMORE

For each offence to be recovered as other fines and forfeitures are recoverable.

Co., City Printers and Stationers.

RETURN OF A BIRTH.

81778

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Balto Sept 22nd 1885.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race) White.
3. Date of Birth Balto Sept 21st 1885.
4. Place of Birth, (Street and Number) 250 Alice Ann St,
5. Full Name of Mother, Annie Bohats.
6. Mother's Maiden Name, Annie Otohoska.
7. Mother's Birthplace, Germany.
8. Full Name of Father, Michial Bohats.
9. Father's Occupation, Laborer.
10. Father's Birthplace, Germany.

Name of Medical Attendant, or other Person who makes this Return. Mrs Mary Amend.

Address, 137 South Wolfe St,

Remarks, H

HEALTH DEPARTMENT, SEP 23 1885 BALTIMORE, MD.

for each offence to be recovered as other fines and forfeitures are recoverable.

& Co., City Printers and Stationers.

81979

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, SEP 25 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd Ch

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, Sept. 21st 2.35 A.M. 1885
4. Place of Birth, (Street and Number) 82 Stiles
5. Full Name of Mother, Susie Myers
6. Mother's Maiden Name, Susie Collins
7. Mother's Birthplace, Baltimore City
8. Full Name of Father, Morris Myers
9. Father's Occupation, Driver
10. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other Person who makes this Return. James E Dwinelle MD

Address, 299 E Baltimore St.

Remarks,

for each offence to be recovered as other fines and forfeitures are recoverable.

Co., City Printers and Stationers.

RETURN OF A BIRTH.

8/1980

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
OCT 4 1885
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	Sep. 21
4. *Place of Birth, (Street and Number)*	583 Druid Hill Ave
5. *Full Name of Mother,*	Mary Webb
6. *Mother's Maiden Name,*	Cox
7. *Mother's Birthplace,*	Balt.
8. *Full Name of Father,*	George Webb
9. *Father's Occupation,*	Clerk
10. *Father's Birthplace,*	Balt.
Name of Medical Attendant, or other Person who makes this Return.	H. McWilson
Address,	201 Mad. Ave
Remarks,	

..., City Printers and Stationers.

RETURN OF A BIRTH

819 82

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, OCT 2 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race)

3. Date of Birth, 21 September 1885

4. Place of Birth, (Street and Number) No. 8 Burleys street

5. Full Name of Mother, Elizabeth Lohman

6. Mother's Maiden Name, Elizabeth Barnick

7. Mother's Birthplace, Baltimore City

8. Full Name of Father, Frederick Lohman

9. Father's Occupation, Carter

10. Father's Birthplace, Germanys

Name of Medical Attendant, or other Person who makes this Return. Mrs Sarah Sullens

Address, 104 Burley street

Remarks,

for each sentence to be recovered as other fines and forfeitures are recoverable.

, City Printers and Stationers.

RETURN OF A BIRTH.

81985

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 7

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* Sept. 22nd 1885
4. *Place of Birth, (Street and Number)* 1077 Eastern Ave.
5. *Full Name of Mother,* Lizzie Stockheim
6. *Mother's Maiden Name,* Schneider
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Frederick Stockheim
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Joshua Simon

Address, 1070 Fawn St.

Remarks,

HEALTH DEPARTMENT, SEP 24 1885 BALTIMORE MD.

for each offence to be recovered as other fines and forfeitures are recoverable.

& Co., City Printers and Stationers.

81984

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
SEP 25 1885
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th Child

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 22 of September
4. *Place of Birth, (Street and Number)* 257 Jefferson street.
5. *Full Name of Mother,* Mary Spahn
6. *Mother's Maiden Name,* Mary Holl
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* John Holl
9. *Father's Occupation,* Black Schmitt
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Crescintia Kunkel

Address, 11 North Chapel street per Justina Kunkel

Remarks, Healthy

for each offence to be recovered as other fines and forfeitures are recoverable.

, City Printers and Stationers.

RETURN OF A BIRTH.

819857

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, SEP 25 1885 BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth Sept 22nd
4. Place of Birth, (Street and Number) N. 125 N. Broadway
5. Full Name of Mother, Mrs Kate A. Zubich
6. Mother's Maiden Name, Steck
7. Mother's Birthplace, Baltimore
8. Full Name of Father, August A. Zubich
9. Father's Occupation, Tailor
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs Goetzke

Address, No 55 S. Bond St

Remarks,

for each offence to be recovered as other fines and forfeitures are recoverable.

& Co., City Printers and Stationers.

RETURN OF A BIRTH

81985

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
OCT 2 1885
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	The 4th
1. *Sex, (state whether male or female)*	male
2. *Race or Color, (if not of the white race)*	white
3. *Date of Birth,*	22nd September
4. *Place of Birth, (Street and Number)*	No. 52 Pine st
5. *Full Name of Mother,*	Mrs Barbara Daniel
6. *Mother's Maiden Name,*	Miss Barbara Snyder
7. *Mother's Birthplace,*	Baltimore City
8. *Full Name of Father,*	John Daniel
9. *Father's Occupation,*	Boot and shoe filler
10. *Father's Birthplace,*	Baltimore City
Name of Medical Attendant, or other Person who makes this Return.	Mrs Anna Dennler
Address,	62 N. Schroeder St
Remarks,	Baltimore

for each evidence to be recovered as other fines are forfeitures are recovered.

, City Printers and Stationers.

RETURN OF A BIRTH

17756

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
OCT 4 1885
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Sept 22 - 1885

4. Place of Birth, (Street and Number) 169 Argyle Avenue

5. Full Name of Mother, Hannah D Holtz

6. Mother's Maiden Name, " Young

7. Mother's Birthplace, Pennsylvania

8. Full Name of Father, Charles J. Holtz

9. Father's Occupation, Clerk

10. Father's Birthplace, Balt City

Name of Medical Attendant, or other Person who makes this Return, Marbury Brewer MD

Address, 68 McCulloh Street

Remarks,

any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

81987

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, SEP 25 1885 BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth 23 of September
4. Place of Birth, (Street and Number) 130 Somerset Street
5. Full Name of Mother, Mc Anne Harborkorn
6. Mother's Maiden Name, Mcnne Snider
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Josep Harborkorn
9. Father's Occupation, Tabor
10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return. Christina Lauer

Address, 173 Harford Ave

Remarks, Baltimore Md

or persons who shall hereafter fail to comply with the provisions of this Act shall forfeit and pay for each offence; to be recovered as other fines and forfeitures are recoverable.

& Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

14988

HEALTH DEPARTMENT OCT 10 1885 BALTIMORE MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Sept 23. 1885
4. *Place of Birth, (Street and Number)*	857 W Pratt St
5. *Full Name of Mother,*	Grace Gilman
6. *Mother's Maiden Name,*	Grace Reding
7. *Mother's Birthplace,*	England
8. *Full Name of Father,*	John Gilman
9. *Father's Occupation,*	Grocer
10. *Father's Birthplace,*	Boston Mass
Name of Medical Attendant, or other Person who makes this Return	James Bosley MD
Address,	319 Hollins St
Remarks,	Balto Md

Any Person or Persons who shall neglect or fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

PRINTERS AND STATIONERS.

RETURN OF A BIRTH,

81989

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
OCT 2 1885
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) _____

1. *Sex (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth* 23 of September
4. *Place of Birth, (Street and Number)* Baltimor 94 Eden St
5. *Full Name of Mother* Liss, Smith
6. *Mother's Maiden Name* Lizzie, Gray
7. *Mother's Birthplace* Baltimor
8. *Full Name of Father* George, Smith
9. *Father's Occupation* Liberty
10. *Father's Birthplace* Baltimor

Name of Medical Attendant, or other Person who makes this Return. Mrs. Ann, Camphor

Address gunion street near eden

Remarks _____

RETURN OF A BIRTH. 81990

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
OCT 2 1885
BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Third

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth Sept 23 three
4. Place of Birth, (Street and Number) No 6 Orford st City
5. Full Name of Mother, Josephine West
6. Mother's Maiden Name, Henson
7. Mother's Birthplace, Baltimore City
8. Full Name of Father, Joseph West
9. Father's Occupation, Labour
10. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other Person who makes this Return. Annie Johnson

Address, 94 Tyson Street

Remarks,

Co., City Printers and Stationers.

RETURN OF A BIRTH. 81991

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, OCT 2 1885 BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth Sept 23d 1885
4. Place of Birth, (Street and Number) 177 S Patterson Park Ave
5. Full Name of Mother, Lizzie Hermas
6. Mother's Maiden Name, " Deal
7. Mother's Birthplace, City
8. Full Name of Father, Conrad Hermas
9. Father's Occupation, Carpenter
10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs Elizabeth Betz

Address, 120 Bank st

Remarks,

report its birth to the Commissioner of Health, in the manner [illegible] or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

lay & Co., City Printers and Stationers.

RETURN OF A BIRTH

81992

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
OCT 4 1885
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Sept 23 " 1885
4. *Place of Birth, (Street and Number)*	Randall & Lee Sts
5. *Full Name of Mother,*	Mary A Lowery
6. *Mother's Maiden Name,*	" " Hobbs
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Clarence S Lowery
9. *Father's Occupation,*	Restaurant
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Thos Cooke M D
Address,	14 Hanover St
Remarks,	

for each offence to be recovered as other fines and forfeitures are recoverable.

..., City Printers and Stationers.

81993

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* Sept 1885
4. *Place of Birth, (Street and Number)* No 43 Gough St
5. *Full Name of Mother,* Maggie F. Dietrich
6. *Mother's Maiden Name,* " " Picker German
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Daniel Dietrich
9. *Father's Occupation,* Packer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Sophia Simon

Address, No 70 Granby St.

Remarks,

HEALTH DEPARTMENT, SEP 24 1885 BALTIMORE, MD.

for each offence to be recovered as other fines and forfeitures are recovered.

Co., City Printers and Stationers.

81994

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, SEP 25 1885 BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 7th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Whyd
3. Date of Birth Sept. 24th 1885
4. Place of Birth, (Street and Number) 97 So. Ann St.
5. Full Name of Mother, Minnie P. Conradi
6. Mother's Maiden Name, " " Abele
7. Mother's Birthplace, Ohio
8. Full Name of Father, F. A. Conradi
9. Father's Occupation, Minister
10. Father's Birthplace, Ohio

Name of Medical Attendant, or other Person who makes this Return. Geo. L. Wiss Ins

Address, 77 So. Broadway

Remarks,

Co., City Printers and Stationers.

51995

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, SEP 25 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Sept 24.
4. *Place of Birth, (Street and Number)* No 158 E. Baltimore St
5. *Full Name of Mother,* Annie Daub
6. *Mother's Maiden Name,* McConnell
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Fred C. Daub
9. *Father's Occupation,* Cigarmaker
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return Louisa Schultz

Address, No 246 E. Chew St.

Remarks,

...ity of the parent or parents, except in the cases of the births and deaths of illegitimate children, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

...Y PRINTERS AND STATIONERS.

81996

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, SEP 25 1885 BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6 W

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* Sept 24/85
4. *Place of Birth, (Street and Number)* 2 Winsor St.
5. *Full Name of Mother,* Sarah E. Cunningham
6. *Mother's Maiden Name,* " " Williamsore
7. *Mother's Birthplace,* B.C.
8. *Full Name of Father,* Alex. Cunningham
9. *Father's Occupation,* Switchman
10. *Father's Birthplace,* B.C.

Name of Medical Attendant, or other Person who makes this Return. G. L. Winslow

Address,

Remarks,

for each offence to be recovered as other fines and forfeitures are recovered.

Co., City Printers and Stationers.

81997

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th Child.

1. Sex, (state whether male or female) [illegible]
2. Race or Color, (if not of the white race) [illegible]
3. Date of Birth, 24th of September 1885.
4. Place of Birth, (Street and Number) Monument Street.
5. Full Name of Mother, Lizzie Hohman
6. Mother's Maiden Name, Lizzie Neckamp.
7. Mother's Birthplace, Germany.
8. Full Name of Father, John Neckamp.
9. Father's Occupation, Butcher.
10. Father's Birthplace, Germany.

Name of Medical Attendant, or other Person who makes this Return. Crescentia Kunkel

Address, 71 North Chapel st. per Justina Kunkel

Remarks, Healthy.

HEALTH DEPARTMENT, SEP 25 1885 BALTIMORE, MD.

for each offence to be recovered as other fines and forfeitures are recoverable.

, City Printers and Stationers.

81998

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, SEP 25 1885 BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2nd
1. Sex, (state whether male or female)	female
2. Race or Color, (if not of the white race)	White
3. Date of Birth	Septem - 24 - 1885
4. Place of Birth, (Street and Number)	8 W. Centre
5. Full Name of Mother,	Mary O'Keefe
6. Mother's Maiden Name,	" Welby
7. Mother's Birthplace,	Ireland
8. Full Name of Father,	David O'Keefe
9. Father's Occupation,	Cordwinner
10. Father's Birthplace,	Ireland
Name of Medical Attendant, or other Person who makes this Return.	D. Streett M.D.
Address,	143 N. Eden St
Remarks,	

for each offence to be recovered as other fines and forfeitures are recoverable.

Co., City Printers and Stationers.

RETURN OF A BIRTH.

81999

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2d

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth Sept 24th 1885

4. Place of Birth, (Street and Number) 98 Duncan alley

5. Full Name of Mother, Maggeretta Scholl

6. Mother's Maiden Name, " Smith

7. Mother's Birthplace, City

8. Full Name of Father, Paul Scholl

9. Father's Occupation, Laborer

10. Father's Birthplace, City

Name of Medical Attendant, or other Person who makes this Return. Mrs Elizabeth Belz

Address, 120 Bank St

Remarks,

HEALTH DEPARTMENT, OCT 2 1885 BALTIMORE, MD

for each offence to be recovered as other fines and forfeitures are recoverable.

Co., City Printers and Stationers.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth 24th [illegible] 1885

4. Place of Birth, (Street and Number) 229. Leman

5. Full Name of Mother, Dora Knopf

6. Mother's Maiden Name, " Weber

7. Mother's Birthplace, Native

8. Full Name of Father, Henry Knopf

9. Father's Occupation, Carriage Smith

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return. Susan Shute

Address, 21 N. Exeter St

Remarks,

HEALTH DEPARTMENT, OCT 3 1885, BALTIMORE, MD.

for each offence to be recovered as other fines and forfeitures are recoverable.

A Co., City Printers and Stationers.

82001

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, OCT 3 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	September 24th 1885
4. Place of Birth, (Street and Number)	191 Hutson Street
5. Full Name of Mother,	Mrs Barbara McDonough
6. Mother's Maiden Name,	Barbara Malen
7. Mother's Birthplace,	Ireland
8. Full Name of Father,	Patrick McDonough
9. Father's Occupation,	Laborer
10. Father's Birthplace,	Ireland
Name of Medical Attendant, or other Person who makes this Return.	Mrs R. H. Garrett
Address,	No 65 Burke
Remarks,	

...of persons who shall hereafter ... for each offence to be recovered as other fines and forfeitures are recoverable.

...o., City Printers and Stationers.

82002

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, OCT 10 1885 BALTIMORE MD

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

Sex, (state whether male or female) female

2. *Race or Color, (if not of the white race)* Colord

3. *Date of Birth,* sepuber 25

4. *Place of Birth, (Street and Number)* No 56 E st st

5. *Full Name of Mother,* Mary robson

6. *Mother's Maiden Name,* Mary Robson

7. *Mother's Birthplace,* Eastson shore Md

8. *Full Name of Father,* Jah Robson

9. *Father's Occupation,* labor

10. *Father's Birthplace,* Northe

Name of Medical Attendant, or other Person who makes this Return. Harrit jackson

Address, No 14 Duglies st

Remarks,

Baltimore

for each offence to be recovered as other fines and forfeitures are recoverable.

y Printers and Stationers.

RETURN OF A BIRTH

12006

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	Male ~~twins~~
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Sept 25. 1885
4. *Place of Birth, (Street and Number)*	211 Stollins st
5. *Full Name of Mother,*	Sarah Chambers
6. *Mother's Maiden Name,*	Sarah Nicholson
7. *Mother's Birthplace,*	Balto Md
8. *Full Name of Father,*	Charles Chambers
9. *Father's Occupation,*	Paper Hanger
10. *Father's Birthplace,*	Balto Md
Name of Medical Attendant, or other Person who makes this Return	James Bosley M.D.
Address,	319 Stollins st
Remarks,	Balto Md

HEALTH DEPARTMENT

Is a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

STERS AND STATIONERS.

RETURN OF A BIRTH.

82004

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
OCT 2 1885
BALTIMORE, MD

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 11th

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth Sept 25th 1885

4. Place of Birth, (Street and Number) No 116 S Register st

5. Full Name of Mother, Lizzie Rosenberger

6. Mother's Maiden Name, " Felker

7. Mother's Birthplace, City

8. Full Name of Father, Henry Rosenberger

9. Father's Occupation, Cooper

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs Elizabeth Belz

Address, 120 Bank St

Remarks,

for each offence to be recovered as other fines and forfeitures are recovered.

A Co., City Printers and Stationers.

RETURN OF A BIRTH

8200 5

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st & living

Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth, Sept. 25 " 1885

4. Place of Birth, (Street and Number) 34 Warren Ave.

5. Full Name of Mother, Sallie Byrd.

6. Mother's Maiden Name, " Jones.

7. Mother's Birthplace, Dorchester Co. Md "

8. Full Name of Father, John W. Byrd.

9. Father's Occupation, Coal & Wood.

10. Father's Birthplace, Balto. City.

Name of Medical Attendant, or other Person who makes this Return. R. J. N. Talbert M.D.

Address, 152 Shaw St

Remarks,

HEALTH DEPARTMENT, OCT 4 1885 BALTIMORE, MD.

for each offence to be recovered as other fines and forfeitures are recoverable.

ty Printers and Stationers.

82006

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, OCT 4 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Sep. 25. 1885
4. *Place of Birth, (Street and Number)* 387 McCulloh St.
5. *Full Name of Mother,* Mary Emma Pangborn
6. *Mother's Maiden Name,* " Young
7. *Mother's Birthplace,* Ohio
8. *Full Name of Father,* Jos G. Pangborn
9. *Father's Occupation,* Ass. Gen. P. Agent B & O.
10. *Father's Birthplace,* New York

Name of Medical Attendant, or other Person who makes this Return Martin Brewer MD

Address, 68 McCulloh St.

Remarks,

any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

PRINTERS AND STATIONERS.

RETURN OF A BIRTH

§2007

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
OCT 4 1885
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

Sex, (state whether male or female) Male

Race or Color, (if not of the white race) White

Date of Birth, Sept. 25th 1885

Place of Birth, (Street and Number) 81 Hanover St.

Full Name of Mother, Katherine Heil

Mother's Maiden Name, " " " Balz

Mother's Birthplace, Germany

Full Name of Father, Charles Heil

Father's Occupation, Shipping Clerk.

Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Wm Gould M.D.

Address, 90 S. Sharp St

Remarks,

ERS AND STATIONERS

RETURN OF A BIRTH.

8200 8

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, OCT 3 1885 BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 8

1. *Sex, (state whether male or female)* male

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth* 25 September

4. *Place of Birth, (Street and Number)* no 7 Kirby Lane

5. *Full Name of Mother,* Annie Catharine Earle

6. *Mother's Maiden Name,* " " Stump

7. *Mother's Birthplace,* Baltimore

8. *Full Name of Father,* Frederick Charles Earle

9. *Father's Occupation,* Painter

10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Susan Hunter

Address, 21 No Poppleton St

Remarks,

.. City Printers and Stationers.

82009

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, OCT 3 1885 BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth Sept 25th
4. Place of Birth, (Street and Number) No. 117 Fairmount Ave
5. Full Name of Mother, Mrs Susanna Longe
6. Mother's Maiden Name, " " Seibert
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Gotlieb Longe
9. Father's Occupation, Cigarmaker
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs Goetzke

Address, No. 55 S. Bond St

Remarks,

for each offence to be recovered as other fines and forfeitures are recoverable.

Co., City Printers and Stationers.

RETURN OF A BIRTH. 52010

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	One Child
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	Colored
3. Date of Birth	Sept 1
4. Place of Birth, (Street and Number)	118 Mulberry St
5. Full Name of Mother,	Frances Syes
6. Mother's Maiden Name,	Frances Satchel
7. Mother's Birthplace,	Accomack County
8. Full Name of Father,	William Syes
9. Father's Occupation,	Laborer
10. Father's Birthplace,	Baltimore Md
Name of Medical Attendant, or other Person who makes this Return.	Lucinda Mc Elwee
Address,	130 Register St
Remarks,	

HEALTH DEPARTMENT, OCT 2 1885 BALTIMORE MD.

Co., City Printers and Stationers.

RETURN OF A BIRTH.

82011

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, OCT 2 1885 BALTIMORE MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) One Child

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) Colored

3. Date of Birth September 26 1885

4. Place of Birth, (Street and Number) No 30 Jefferson St

5. Full Name of Mother, Henrietta Gibson

6. Mother's Maiden Name, Henrietta Gee

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Thomas Gibson

9. Father's Occupation, Laborer

10. Father's Birthplace, Talbot County

Name of Medical Attendant, or other Person who makes this Return. Lucinda Woodland

Address, 130 N Register St

Remarks,

for each offence to be recovered as other fines and forfeitures are recoverable.

Co., City Printers and Stationers.

RETURN OF A BIRTH

82012

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

HEALTH DEPARTMENT, OCT 2 1885 BALTIMORE MD.

3. Date of Birth, Sept. 26. 1885

4. Place of Birth, (Street and Number) Maternité, 161 W Lombard St

5. Full Name of Mother, Annie E. Carr

6. Mother's Maiden Name, Annie E Cripps

7. Mother's Birthplace, Pa

8. Full Name of Father, Joseph E Carr

9. Father's Occupation, Confectioner

10. Father's Birthplace, —

Name of Medical Attendant, or other Person who makes this Return. William S. Gardner M.D.

Address, Maternité

Remarks,

for each offence to be recovered as other fines and forfeitures are recoverable.

, City Printers and Stationers.

8201 3

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
OCT 4 1885
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Sept 26, 1885

4. Place of Birth, (Street and Number) 622 Lee St

5. Full Name of Mother, Selga Cohen

6. Mother's Maiden Name, " Graff

7. Mother's Birthplace, Russia

8. Full Name of Father, Leland Cohen

9. Father's Occupation, Pedlar

10. Father's Birthplace, Russia

Name of Medical Attendant, or other Person who makes this Return. Woodson Cooke M.D.

Address, 416 Hanover St

Remarks,

for each offence to be recovered as other fines and forfeitures are recoverable.

, City Printers and Stationers.

82014

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, OCT 3 1885 BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* Sept 26th
4. *Place of Birth, (Street and Number)* No 406 E Fayette
5. *Full Name of Mother,* Mrs Lizzie Fisher
6. *Mother's Maiden Name,* " " Robs
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* James Fisher
9. *Father's Occupation,* Clerk
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. My Gootzke

Address, No 55 S. Bond St

Remarks,

for each offence to be recovered as other fines and forfeitures are recoverable.

Co., City Printers and Stationers.

12015

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Sept 27. 1885
4. *Place of Birth, (Street and Number)*	19 Wilkens ave
5. *Full Name of Mother,*	Amelia A Sieg mund
6. *Mother's Maiden Name,*	Amelia Steckman
7. *Mother's Birthplace,*	New York
8. *Full Name of Father,*	Gustav Siegmund
9. *Father's Occupation,*	Superintendent
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other Person who makes this Return	James Bosley M.D
Address,	319 Mullins st
Remarks,	Balto Md

HEALTH DEPARTMENT OCT 10 1885 BALTIMORE

...RISTERS AND STATIONERS.

12016

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, OCT 3 1885 BALTIMORE MD

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	third
Sex, (state whether male or female)	male
2. *Race or Color, (if not of the white race)*	colored
3. *Date of Birth,*	Sept 27, 1885
4. *Place of Birth, (Street and Number)*	15 Binney St.
5. *Full Name of Mother,*	Martha Edwards
6. *Mother's Maiden Name,*	Martha Hill
7. *Mother's Birthplace,*	Calvert County
8. *Full Name of Father,*	John Edwards
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	Calvert County.
Name of Medical Attendant, or other Person who makes this Return	Mary S. Swayne
Address,	59 Luzerne St.
Remarks,	

any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

...ISTERS AND STATIONERS.

82017

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, OCT 19 1885 BALTIMORE CITY

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	Sept 28. 1885
4. Place of Birth, (Street and Number)	15 N Mount
5. Full Name of Mother,	Angie H Smith
6. Mother's Maiden Name,	Angie Fitzer
7. Mother's Birthplace,	~~Eng~~ Baltimore
8. Full Name of Father,	Wm H Smith
9. Father's Occupation,	Machinist
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other Person who makes this Return	James Bosley MD
Address,	319 Collins St
Remarks,	Baltimore

Any person or persons who shall neglect, fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

...NTERS AND STATIONERS.

82018

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, OCT 3 1885 BALTIMORE, MD.

Edgar Louis Micheau

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Male

1. Sex, (state whether male or female) first child
2. Race or Color, (if not of the white race) White
3. Date of Birth 28th Sept 85
4. Place of Birth, (Street and Number) 66 Sharp str
5. Full Name of Mother, Kittie Micher
6. Mother's Maiden Name, Bremer
7. Mother's Birthplace, Balto Md
8. Full Name of Father, John Micher
9. Father's Occupation, Waiter
10. Father's Birthplace, Balto Md

Name of Medical Attendant, or other Person who makes this Return. [illegible]

Address, 48 Holland

Remarks, GIVEN NAME ADDED. 9/30/85 [illegible] Balto Md

For each offence to be recovered as other fines and forfeitures are recoverable.

& Co., City Printers and Stationers.

82019

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, OCT 3 1885 BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth 28th Sept 85
4. Place of Birth, (Street and Number) 62 Sharp str
5. Full Name of Mother, Louise B Gail
6. Mother's Maiden Name, - Baush
7. Mother's Birthplace, Balto Md
8. Full Name of Father, Louis Gail
9. Father's Occupation, Driver
10. Father's Birthplace, Balto Md

Name of Medical Attendant, or other Person who makes this Return. Mrs R Wbig

Address,

Remarks, # 48 Holland str

for each offence to be recovered as other fines and forfeitures are recoverable.

A Co., City Printers and Stationers.

RETURN OF A BIRTH.

82030

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, OCT 3 1885 BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	6ift
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	
3. Date of Birth	28 September 1885.
4. Place of Birth, (Street and Number)	1e 94 Bayonet,
5. Full Name of Mother,	Mary Strunnikey,
6. Mother's Maiden Name,	U. Boarcher,
7. Mother's Birthplace,	Germany
8. Full Name of Father,	Louis Strunnikey.
9. Father's Occupation,	Shoe maker.
10. Father's Birthplace,	Danzig Pohn
Name of Medical Attendant, or other Person who makes this Return.	Annie Lindner.
Address,	1945 S Monroest.
Remarks,	

Co., City Printers and Stationers.

82021

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, OCT 3 1885 BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth Sept 28th
4. Place of Birth, (Street and Number) No 41 S Bond St
5. Full Name of Mother, Mrs Sarah Ellis
6. Mother's Maiden Name, " Hellers
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Henry Ellis
9. Father's Occupation, Clerk
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs Goetzke

Address, No 55 S Bond St

Remarks,

for each offence to be recovered as other fines and forfeitures are recoverable.

& Co. City Printers and Stationers.

82022

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, OCT 4 1885 BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 8

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) White.
3. Date of Birth 28th of September.
4. Place of Birth, (Street and Number) 139 Duncan Alley.
5. Full Name of Mother, Annie Keilbar.
6. Mother's Maiden Name, Annie Fisher.
7. Mother's Birthplace, Baltimore.
8. Full Name of Father, George Keilbar.
9. Father's Occupation, Cooper.
10. Father's Birthplace, Baltimore.

Name of Medical Attendant, or other Person who makes this Return. Mrs E Fray.

Address, 193 South Chester st.

Remarks, Healthy Child.

Co., City Printers and Stationers.

RETURN OF A BIRTH

8202 3

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
OCT 4 1885
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st
Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, Sept. 28th 1885
4. Place of Birth, (Street and Number) 176 Columbia Ave.
5. Full Name of Mother, Alice E. Dobson.
6. Mother's Maiden Name, " " Reister.
7. Mother's Birthplace, Balto. City.
8. Full Name of Father, Gustav B. Dobson.
9. Father's Occupation, Showcase.
10. Father's Birthplace, Va.
Name of Medical Attendant, or other Person who makes this Return. R. J. N. Tall. M.D.
Address, 152 Sharp St.
Remarks,

Printers and Stationers.

NOTICE

The succeeding documents were received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

RETURN OF A BIRTH

82024

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, OCT 4 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. *Sex, (state whether male ~~or female~~)*
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* September the 28. 1885
4. *Place of Birth, (Street and Number)* S. Caroline St. No 167.
5. *Full Name of Mother,* Julie Müller
6. *Mother's Maiden Name,* Julie Müller
7. *Mother's Birthplace,* Spangenberg Sr, Preussen, Germany
8. *Full Name of Father,* Jakob Müller
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Balto City

Name of Medical Attendant, or other Person who makes this Return. Mary E. Müller

Address, N. Dallas St. No 26

Remarks,

for each offence to be recovered as other fines and forfeitures are recoverable.

..., City Printers and Stationers.

RETURN OF A BIRTH

8202 5

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, OCT 2 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 29 Sept 1885
4. Place of Birth, (Street and Number) 150 N Chapel st
5. Full Name of Mother, Frances Kala
6. Mother's Maiden Name, Frances Kubechek
7. Mother's Birthplace, Bohemia
8. Full Name of Father, Frank Kala
9. Father's Occupation, Tailor
10. Father's Birthplace, Bohemia

Name of Medical Attendant, or other Person who makes this Return. Mary Koplish

Address, 69 N Washington st

Remarks,

or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to the like of ten dollars for each offence to be recovered as other fines and forfeitures are recoverable.

o., City Printers and Stationers.

RETURN OF A BIRTH

82026

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, OCT 4 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Sept 29th
4. *Place of Birth, (Street and Number)* 159 Conway St
5. *Full Name of Mother,* Doris Ziemer
6. *Mother's Maiden Name,* " Trofman
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Wm N Ziemer
9. *Father's Occupation,* Painter
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Theodore Cooke M.D.

Address, 146 Hanover St pre L.D.

Remarks,

for each offence to be recovered as other fines and forfeitures are recoverable.

..., City Printers and Stationers.

82027

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
OCT 4 1885
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Sep 29. 1885
4. *Place of Birth, (Street and Number)* 277 Lanvale St
5. *Full Name of Mother,* Nellie Mottu
6. *Mother's Maiden Name,* " Sewell
7. *Mother's Birthplace,* Balt City
8. *Full Name of Father,* Thomas H. Mottu
9. *Father's Occupation,* Clerk
10. *Father's Birthplace,* Balt City

Name of Medical Attendant, or other Person who makes this Return Marbury Brewer M.D.

Address, 68 McCulloh St

Remarks,

any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

8208

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, ~~3d, &c.~~) .....

1. Sex, (state whether male ~~or female~~) .....
2. Race or Color, (~~if not of the~~ white race) .....
3. Date of Birth Sept 30th 1885
4. Place of Birth, (Street and Number) No 35 S High St
5. Full Name of Mother, Mattie Agnes Jenkins,
6. Mother's Maiden Name, " " Hiban,
7. Mother's Birthplace, Indiana
8. Full Name of Father, Charles Carrol Jenkins
9. Father's Occupation, Plate,
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. J. Ridgway Andre M.D.

Address, 121 E Balto st

Remarks, ...

HEALTH DEPARTMENT, OCT 2 1885, BALTIMORE, MD.

...o., City Printers and Stationers.

RETURN OF A BIRTH

p2029

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5-th

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) white

3. Date of Birth, Sept 30th 1885

4. Place of Birth, (Street and Number) No 588 Hanover St

5. Full Name of Mother, Mary Millburn

6. Mother's Maiden Name, Mary Miller

7. Mother's Birthplace, Balt City md

8. Full Name of Father, Charles Millburn

9. Father's Occupation, Brass Moulder

10. Father's Birthplace, Balt City md

Name of Medical Attendant, or other Person who makes this Return. Eliz Hinton

Address, No 658 South Charles St

Remarks,

HEALTH DEPARTMENT
OCT 2 1885
BALTIMORE MD

City Printers and Stationers.

RETURN OF A BIRTH.

8203

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, OCT 2 1885 BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3d

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth Sept 30th 1885

4. Place of Birth, (Street and Number) 192 Chappel st

5. Full Name of Mother, Maggereth Jacobs

6. Mother's Maiden Name, " Eben

7. Mother's Birthplace, City

8. Full Name of Father, Henry Jacobs

9. Father's Occupation, Mariner

10. Father's Birthplace, City

Name of Medical Attendant, or other Person who makes this Return. Mrs Elizabeth Belz

Address, 120 Bank st

Remarks,

For each Office to be recovered as other fines and forfeitures are recovered.

Co., City Printers and Stationers.

RETURN OF A BIRTH.

8 2031

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, OCT 2 1885 BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3d

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth Sept 30th 1885

4. Place of Birth, (Street and Number) 180 S Dallas Sts

5. Full Name of Mother, Mary Fort

6. Mother's Maiden Name, " Briel

7. Mother's Birthplace, City

8. Full Name of Father, Emil Fort

9. Father's Occupation, Laborer

10. Father's Birthplace, City

Name of Medical Attendant, or other Person who makes this Return. Mrs Elizabeth Betz

Address, 120 Bank st.

Remarks,

Co., City Printers and Stationers.

RETURN OF A BIRTH.

S2032

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, OCT 2 1885 BALTIMORE, MD.

No. of Child of Mother (state whether 1st, ~~2d~~, 3d, &c.)

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth September
4. Place of Birth, (Street and Number) ~~2 do~~ 131 Columbia Avenue
5. Full Name of Mother, ~~Lillie~~ Mary Elsie Warnken
6. Mother's Maiden Name, " " Stewart
7. Mother's Birthplace, Balt
8. Full Name of Father, ~~Peter~~ Frederick Warnken
9. Father's Occupation, ~~Upholsterer~~ Provision dealer
10. Father's Birthplace, Balt Baltimore

Name of Medical Attendant, or other Person who makes this Return. John Morris M.D.

Address, 5 Franklin St

Remarks,

for each offence to be recovered as other fines and forfeitures are recoverable.

& Co., City Printers and Stationers.

GIVEN NAME ADDED 8-7-50

82033

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

Name: Mary Delia Estella Jones

HEALTH DEPARTMENT, OCT 3 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8

Sex, (state whether male or female) Female

Race or Color, (if not of the white race) White

Date of Birth, Sept. 29, 1883

Place of Birth, (Street and Number) 206 Charles St.

Full Name of Mother, Amelia Jones

Mother's Maiden Name, Reed

Mother's Birthplace, Dorchester Co.

Full Name of Father, Thomas Jones

Father's Occupation, Laborer

Father's Birthplace, Dorchester

Name of Medical Attendant, or other Person who makes this Return Mrs. Scarborough

Address, 220 Montgomery St.

Remarks,

...NG AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth, 30th September

4. Place of Birth, (Street and Number) NE 40 Hartford Ave

5. Full Name of Mother, Ida Hagerty

6. Mother's Maiden Name, Mc Shea

7. Mother's Birthplace, Baltimore

8. Full Name of Father, John Hagerty

9. Father's Occupation, Stonecutter

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Louisa Vahlte

Address, 240 E. Chew St.

Remarks,

HEALTH DEPARTMENT, OCT 3 1885 BALTIMORE, MD.

any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

BLANKS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

82035

HEALTH DEPARTMENT
OCT 3 1885
BALTIMORE, MD

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th Child

Sex, (state whether male or female) Boy

2. Race or Color, (if not of the white race) White.

3. Date of Birth, 30th of September 1885

4. Place of Birth, (Street and Number) 63 Dalas street

5. Full Name of Mother, Annie Pope

6. Mother's Maiden Name, Annie Grab

7. Mother's Birthplace, Baltimore County.

8. Full Name of Father, Charles Grab

9. Father's Occupation, Laborman

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return. Cresintia Kunkel

Address, 71 North Chapel street per Justina Kunkel

Remarks, Healthy.

, City Printers and Stationers.

NOTICE

The succeeding document was received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

82036

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
OCT 4 1885
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Ctr.

Sex, (state whether ~~male or~~ female)

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* September the 30 1885

4. *Place of Birth, (Street and Number)* Eastern Av. No 96.

5. *Full Name of Mother,* Louise Williams

6. *Mother's Maiden Name,* Louise White

7. *Mother's Birthplace,* Balto City

8. *Full Name of Father,* Charles Williams

9. *Father's Occupation,* Painter

10. *Father's Birthplace,* Balto City

Name of Medical Attendant, or other Person who makes this Return. Mary E. Miller

Address, N Dallas St. No 26.

Remarks,

for each offence to be recovered as other fines and forfeitures are recoverable.

, City Printers and Stationers.

82037

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, OCT 4 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th Child

1. *Sex, (state whether male or female)* Boy "
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* September 30th 85
4. *Place of Birth, (Street and Number)* No. 9 Wooster St No. Wash. bu
5. *Full Name of Mother,* Murray Elizabeth Sanders
6. *Mother's Maiden Name,* " " Weber
7. *Mother's Birthplace,* McHallan St West of Schroder St
8. *Full Name of Father,* Joseph Benjamin Sanders
9. *Father's Occupation,* House Carpenter
10. *Father's Birthplace,* Broadway North of Baltimore St

Name of Medical Attendant, or other Person who makes this Return Mary E. Bentley

Address, No. 9 Rinehart St

Remarks, Child Living

to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

NTARS AND STATIONERS.

82038

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 Child

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 30 Sept 1885
4. *Place of Birth, (Street and Number)* 27 Clinton St
5. *Full Name of Mother,* Mary Hutchians
6. *Mother's Maiden Name,* Zimmonm
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Harry Hutchians
9. *Father's Occupation,* Blacksmith
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs Wiley

Address, No 12 Patterson Park av

Remarks,

HEALTH DEPARTMENT
OCT 5 1885
BALTIMORE MD

for each office to be recovered as other fines and penalties are recoverable.

, City Printers and Stationers.

RETURN OF A BIRTH.

8039

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3rd & living

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth Octo 5 September 30th 1885
4. Place of Birth, (Street and Number) 436 W. Lombard st
5. Full Name of Mother, Mary A. Ryan
6. Mother's Maiden Name, Mary A. Coan
7. Mother's Birthplace, Ireland
8. Full Name of Father, James J. Ryan
9. Father's Occupation, Clerk
10. Father's Birthplace, Ireland

Name of Medical Attendant, or other Person who makes this Return. Susan Shute

Address, 21 N. Poynton St

Remarks,

HEALTH DEPARTMENT
OCT 5 1885
BALTIMORE MD

for each offence to be recovered as other fines and forfeitures are recoverable.

Co., City Printers and Stationers.

RETURN OF A BIRTH

S2040

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth, Sept. 30th 1885

4. Place of Birth, (Street and Number) 2E So. Broadway

5. Full Name of Mother, Carrie N. Klein

6. Mother's Maiden Name, Kasbaum

7. Mother's Birthplace, Balto.

8. Full Name of Father, Ephraim Klein

9. Father's Occupation, Clothier

10. Father's Birthplace, Germany

Name of Medical Attendant or other Person who makes this Return. E. B. Britton M.D.

Address, 541 E Broadway

Remarks,

HEALTH DEPARTMENT
OCT 5 1885
BALTIMORE MD

RETURN OF A BIRTH.

82041

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, SEP 26 1885 BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) White

3. Date of Birth 2 September

4. Place of Birth, (Street and Number) Katie Goedecke

5. Full Name of Mother, 175 Eutaw St

6. Mother's Maiden Name, Katie Waget

7. Mother's Birthplace, Europe

8. Full Name of Father, Henry Goedeke

9. Father's Occupation, Tailor

10. Father's Birthplace, Balt Md

Name of Medical Attendant, or other Person who makes this Return. Mrs Rosa Ulrich

Address, 48 Holland St

Remarks, Baltimore

Co., City Printers and Stationers.

RETURN OF A BIRTH

8207

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
SEP 22 1885
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, September 2 85

4. Place of Birth, (Street and Number) 62 E. Chase

5. Full Name of Mother, Margaret Street

6. Mother's Maiden Name, " Harris

7. Mother's Birthplace, Maryland.

8. Full Name of Father, David Street,

9. Father's Occupation, Brick Layer

10. Father's Birthplace, Maryland

Name of Medical Attendant, or other Person who makes this Return. J. H. Robinson

Address, 25½ Fremont Ave

Remarks,

City Printers and Stationers

82043

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* Sept. 3rd 1885
4. *Place of Birth, (Street and Number)* #99 Ensor St.
5. *Full Name of Mother,* Kate Wright
6. *Mother's Maiden Name,* " Rountree
7. *Mother's Birthplace,* Washington D.C.
8. *Full Name of Father,* George H. Wright
9. *Father's Occupation,* Police Officer
10. *Father's Birthplace,* Balto. Md.

Name of Medical Attendant, or other Person who makes this Return. Mrs. Dena Hillegeist

Address, #182 E. Monument St.

Remarks,

HEALTH DEPARTMENT, SEP 28 1885 BALTIMORE, MD.

Co., City Printers and Stationers.

RETURN OF A BIRTH

83044

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5 Child

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, 5 Sept. 1885

4. Place of Birth, (Street and Number) 322 Bank

5. Full Name of Mother, Agnes Gilson

6. Mother's Maiden Name, Gilbert

7. Mother's Birthplace, Baltimore

8. Full Name of Father, George Gilson

9. Father's Occupation, Sugar Maker

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs Wilcox

Address, 10 12 Patterson Park Ave

Remarks,

HEALTH DEPARTMENT
SEP 22 1885
BALTIMORE MD

City Printers and Stationers.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

$2045

HEALTH DEPARTMENT, SEP 26 1885 BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) White

3. Date of Birth 9 September

4. Place of Birth, (Street and Number) 58 Chester St

5. Full Name of Mother, Dora Ibenkel

6. Mother's Maiden Name, " Franz

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Frederick Ibenkel

9. Father's Occupation, Police Officer

10. Father's Birthplace, Balt Md

Name of Medical Attendant, or other Person who makes this Return. Wm Rosa MD

Address, 48 Holland St

Remarks, Balt.

Co., City Printers and Stationers.

82046

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, SEP 28 1885 BALTIMORE, M.D.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 7th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* Sept. 5th 1885
4. *Place of Birth, (Street and Number)* #10 Webster Alley
5. *Full Name of Mother,* Delia Kelly
6. *Mother's Maiden Name,* " Ward
7. *Mother's Birthplace,* Ireland
8. *Full Name of Father,* Michael Kelly
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Ireland

Name of Medical Attendant, or other Person who makes this Return. Mrs. Dena Hillegeist

Address, #182 E Monument St.

Remarks,

Co., City Printers and Stationers.

RETURN OF A BIRTH

8204

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)*

3. *Date of Birth,* [illegible]

4. *Place of Birth, (Street and Number)* [illegible]

5. *Full Name of Mother,* Elizabeth [illegible]

6. *Mother's Maiden Name,* " [illegible]

7. *Mother's Birthplace,* Baltimore

8. *Full Name of Father,* Henry Miller

9. *Father's Occupation,* Grain Grocer

10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Edward [illegible]

Address, [illegible]

Remarks,

HEALTH DEPARTMENT, SEP 21 1885 BALTIMORE, MD.

for each offence to be recovered as other fines and forfeitures are recoverable.

Co., City Printers and Stationers.

GIVEN NAME ADDED 8-2-50

RETURN OF A BIRTH

83048

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th Nellie Carrigan Collins

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth, Oct 6th 85

4. Place of Birth, (Street and Number) 137 Penna Ave

5. Full Name of Mother, Laura V. Collins

6. Mother's Maiden Name, Laura V. Carrigan

7. Mother's Birthplace, Md

8. Full Name of Father, Chas. A. Collins.

9. Father's Occupation, Tobacconist.

10. Father's Birthplace, Pennsylvania

Name of Medical Attendant, or other Person who makes this Return. J. H. Keller MD

Address, 188 Franklin St

Remarks,

HEALTH DEPT
SEP 23
BALTIMORE

City Printers and Stationers.

RETURN OF A BIRTH.

8049

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1 September 6 1885

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth September

4. Place of Birth, (Street and Number) Gideons St 1827

5. Full Name of Mother, Covid Black

6. Mother's Maiden Name, Covid Holmes

7. Mother's Birthplace, Baltimore

8. Full Name of Father, John W Black

9. Father's Occupation, Carpenter

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. Wm M R Carey

Address, South St 1246

Remarks, Doing well

HEALTH DEPARTMENT OCT 16 1885 BALTIMORE, MD

Co., City Printers and Stationers.

RETURN OF A BIRTH

8 2050

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 2d.
2. *Sex, (state whether male or female)* Female
3. *Race or Color, (if not of the white race)* White
4. *Date of Birth,* Sept. 6, 1885
5. *Place of Birth, (Street and Number)* 36 Valley St.
6. *Full Name of Mother,* Josephine Cunabaugh
7. *Mother's Maiden Name,* Martin
8. *Mother's Birthplace,* Maryland
9. *Full Name of Father,* J. C. Cunabaugh
10. *Father's Occupation,* Hack Driver
11. *Father's Birthplace,* Maryland
12. *Name of Medical Attendant,* or other Person who makes this Return. J. H. Robinson
13. *Address,* 58 E. Everett Ave.
14. *Remarks,*

HEALTH DEPARTMENT SEP 22 1885 BALTIMORE, MD.

City Printers and Stationers.

82051

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT, SEP 21 1885 BALTIMORE MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 9th.

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth September 6th, 1883
4. Place of Birth (Street and Number) 105 Barre St.
5. Full Name of Mother Theresa McCormor
6. Mother's Maiden Name " Boyle
7. Mother's Birthplace Baltimore
8. Full Name of Father Phineas McCormor
9. Father's Occupation Steamboat Captain
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. DeLancey H Barclay MD

Address 47 Conway St

Remarks

RETURN OF A BIRTH

82052

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
SEP 21 1885
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
Sex, (state whether male or female)	Female
Race or Color, (if not of the white race)	White
Date of Birth,	Sept 7 1885
Place of Birth, (Street and Number)	68 Warren Av
Full Name of Mother	Emma Reeder
Mother's Maiden Name,	Emma Bristow
Mother's Birthplace,	Baltimore
Full Name of Father,	Amos Reeder
Father's Occupation,	Book Keeper
Father's Birthplace,	Baltimore
Name of Medical Attendant, or other Person who makes this Return	H B Noble Md
Address,	30 Warren av
Remarks,	

...RS AND STATIONERS

82053

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, OCT 16 1885 BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1 September th 7 1885

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth September 4

4. Place of Birth, (Street and Number) Cross St 127

5. Full Name of Mother, Heblin Rush

6. Mother's Maiden Name, Hellin Hellah

7. Mother's Birthplace, Baltimore

8. Full Name of Father, John ~~Hellah~~ Rush

9. Father's Occupation, Japen hongen

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs M R Cashy

Address, Heath St No 16

Remarks, Doing well

Co., City Printers and Stationers.

RETURN OF A BIRTH.

8205 f

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
SEP 26 1885
BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth 8 September 1885
4. Place of Birth, (Street and Number) 92 Sommerset St.
5. Full Name of Mother, Sophia Petre
6. Mother's Maiden Name, Krautervein
7. Mother's Birthplace, Europe
8. Full Name of Father, Andreas Petre
9. Father's Occupation, Black Smith
10. Father's Birthplace, Balt Md.

Name of Medical Attendant, or other Person who makes this Return. Mrs Rosa Ulbig

Address, 44 Holland St

Remarks, Baltimore

for each offence to be recovered as other fines and penalties are recoverable.

Co., City Printers and Stationers.

82055

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, SEP 26 1885 BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 9

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Jewish
3. *Date of Birth* 8 September
4. *Place of Birth, (Street and Number)* 26 East Pratt Street
5. *Full Name of Mother,* Teresa Waldorf
6. *Mother's Maiden Name,* " Fuld
7. *Mother's Birthplace,* Europe
8. *Full Name of Father,* Moses Waldorf
9. *Father's Occupation,* Clothing Store
10. *Father's Birthplace,* Europe

Name of Medical Attendant, or other Person who makes this Return. Mrs Rosa Ullig

Address, 48 Holland St

Remarks, Baltimore

for each offence to be recovered as other fines and forfeitures are recoverable.

Co., City Printers and Stationers.

RETURN OF A BIRTH

P2056

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Col'd
3. Date of Birth, Sept 8th 1885
4. Place of Birth, (Street and Number) 25 Chestnut St
5. Full Name of Mother, Isabella A. Davis
6. Mother's Maiden Name, Isabella A. Ringgold
7. Mother's Birthplace, Md
8. Full Name of Father, Joseph Davis
9. Father's Occupation, Waymaid
10. Father's Birthplace, Md

Name of Medical Attendant, or other Person who makes this Return. H. Mellen MD

Address, 188 Franklin St.

Remarks,

HEALTH DEPARTMENT
SEP 23 1885
BALTIMORE MD

for each offence to be recovered as other fines and forfeitures are recovered.

City Printers and Stationers.

RETURN OF A BIRTH.

8205

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, SEP 21 1885 BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5 th

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) colored

3. Date of Birth September 8 th

4. Place of Birth, (Street and Number) 406 West St

5. Full Name of Mother, Mary Ann Foner

6. Mother's Maiden Name, Mary Ann Johnson

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Eldridge Benjamin Foner

9. Father's Occupation, Labor

10. Father's Birthplace, Liberty Va.

Name of Medical Attendant, or other Person who makes this Return. Abrilla Brooks

Address, 210 Warner st

Remarks,

Co., City Printers and Stationers.

RETURN OF A BIRTH

82058

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth, Sept 9/85

4. Place of Birth, (Street and Number) 148 George St.

5. Full Name of Mother, Elizabeth Deatel

6. Mother's Maiden Name, Elizabeth Shrader

7. Mother's Birthplace, Md

8. Full Name of Father, George Deatel

9. Father's Occupation, Clerk

10. Father's Birthplace, Md

Name of Medical Attendant, or other Person who makes this Return. J. H. Miller M.D

Address, 188 Franklin St.

Remarks,

HEALTH DEPARTMENT
SEP 23 18[illegible]
BALTIMORE

For each offence to be received as other lines and forfeiture are recovered.

City Printers and Stationers.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Scond

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) Color

3. Date of Birth the 9 of September 1925

4. Place of Birth, (Street and Number) 39 moore ally

5. Full Name of Mother, may Watts

6. Mother's Maiden Name, may C Swam

7. Mother's Birthplace, Fredrich county mazland

8. Full Name of Father, George washington Watts

9. Father's Occupation, Waiter by trade

10. Father's Birthplace, Saint mays County

Name of Medical Attendant, or other Person who makes this Return. Ann Johnson

Address, 914 Gay son street

Remarks,

HEALTH DEPARTMENT
SEP 23 1925

City Printers and Stationers.

RETURN OF A BIRTH.

82060

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
SEP 23 1885
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	8
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	Colored
3. *Date of Birth*	September 9
4. *Place of Birth, (Street and Number)*	Greenwills Court 8
5. *Full Name of Mother,*	Fannie Rebeca Carter
6. *Mother's Maiden Name,*	Fannie Rebeca Spencer
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Lewi Holliday Carter
9. *Father's Occupation,*	Drayman
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Anni Johnson
Address,	94 Tyson Alley
Remarks,	

Co., City Printers and Stationers.

$2061

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
SEP 22 1885
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6th
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	Colored
3. Date of Birth	9th
4. Place of Birth (Street and Number)	142 Hoffman Street
5. Full Name of Mother	Annie Anderson
6. Mother's Maiden Name	Annie Wilson
7. Mother's Birthplace	Penn Haven
8. Full Name of Father	Marshel Anderson
9. Father's Occupation	Oysterman
10. Father's Birthplace	Ky Kentucky
Name of Medical Attendant, or other Person who makes this Return.	Mary Adele
Address	142 York Street
Remarks	

NOTICE

The succeeding document was received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

82062

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT, SEP 26 1885 BALTIMORE MD

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race)

3. Date of Birth Sept. 18th 85

4. Place of Birth (Street and Number) 208 E. Preston St.

5. Full Name of Mother Fannie Wells

6. Mother's Maiden Name Fannie Hall

7. Mother's Birthplace Balt. City

8. Full Name of Father Jacob Wells

9. Father's Occupation Clerk

10. Father's Birthplace Balt. City

Name of Medical Attendant, or other Person who makes this Return. John F. [illegible] M.D.

Address S. W. Cohen & Read Sts.

Remarks

RETURN OF A BIRTH

8206 B

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, SEP 28 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth, 10th Sept. 1885

4. Place of Birth, (Street and Number) 108 Randall

5. Full Name of Mother, Elizabeth Kallenbach

6. Mother's Maiden Name, Ryan

7. Mother's Birthplace, Balt.

8. Full Name of Father, Wm Kallenbach

9. Father's Occupation, Glass cutter

10. Father's Birthplace, Balt.

Name of Medical Attendant, or other Person who makes this Return. H W Webster

Address, 101 Barre

Remarks,

for each offence to be recovered as other fines and forfeitures are recoverable.

City Printers and Stationers.

RETURN OF A BIRTH

82064

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First Child

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, 11th September

4. Place of Birth, (Street and Number) S E. Fayette

5. Full Name of Mother, Anna Meier

6. Mother's Maiden Name, Anna Schulz

7. Mother's Birthplace, Russia

8. Full Name of Father, Julius Meier

9. Father's Occupation, Tailor

10. Father's Birthplace, Russia

Name of Medical Attendant, or other Person who makes this Return. E Schisman

Address, N 26 Albemarle st

Remarks,

HEALTH DEPARTMENT
SEP 23 19[illegible]
BALTIMORE MD

[illegible], City Printers and Stationers.

RETURN OF A BIRTH.

82065

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT,
SEP 21 1885
BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c)	1st.
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Sept. 11th. 1885
4. Place of Birth (Street and Number)	108 Ridgely St
5. Full Name of Mother	Clara Schroder
6. Mother's Maiden Name	" Henderson
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Richard Schroder
9. Father's Occupation	Plumber
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	DE Laney H Barclay M.D.
Address	47 Conway St
Remarks	

RETURN OF A BIRTH

8 2066

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 & child

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, 12 Sept 1885

4. Place of Birth, (Street and Number) 52 Patterson Park

5. Full Name of Mother, Annie Simmons

6. Mother's Maiden Name, Hill

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Harry Simmons

9. Father's Occupation, Engineer

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs Wiley

Address, No 12 Patterson Park Ave

Remarks, Called in Doc. Cattell

HEALTH DEPARTMENT
SEP 22 1885
BALTIMORE, MD.

City Printers and Stationers.

RETURN OF A BIRTH

82067

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, Sept 12 1885

4. Place of Birth, (Street and Number) 9 Vincent

5. Full Name of Mother, Mary Johnson

6. Mother's Maiden Name, Mary Harris

7. Mother's Birthplace, Harford Co Md

8. Full Name of Father, Jacob Johnson

9. Father's Occupation, Laborer

10. Father's Birthplace, Balto Md

Name of Medical Attendant, or other Person who makes this Return. Jno Woodland

Address, 16 Bruce St

Remarks,

HEALTH DEPARTMENT, SEP 20 1885 BALTIMORE, MD.

y Printers and Stationers.

82068

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT, SEP 29 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether ~~1st~~, ~~2d~~, 3d, &c.)

1. Sex, (~~state whether~~ male or ~~female~~)
2. Race or Color, (if not of the white race) White
3. Date of Birth, Sept 12th
4. Place of Birth, (Street and Number) 181 Tenant st
5. Full Name of Mother, Jannina Morrison.
6. Mother's Maiden Name, " Lynch
7. Mother's Birthplace, Spotsalvania Co. Va
8. Full Name of Father, Wm D. Morrison
9. Father's Occupation, Lab~~orer~~
10. Father's Birthplace, Fauquier Co Va

Name of Medical Attendant, or other Person who makes this Return Duncan F Hill Mr

Address. 17 N. Calhoun st.

Remarks.

CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

82069

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth 13 September
4. Place of Birth, (Street and Number) 5 Albemarle St
5. Full Name of Mother, Susan Bayer
6. Mother's Maiden Name, Baumgartner
7. Mother's Birthplace, Europe
8. Full Name of Father, Godfried Bayer
9. Father's Occupation, Tailor
10. Father's Birthplace, Europe

HEALTH DEPARTMENT SEP 26 1885 BALTIMORE MD.

Name of Medical Attendant, or other Person who makes this Return. Mrs Rosa Ulrey

Address, 48 Holland St

Remarks, Balt. Md.

...o., City Printers and Stationers.

RETURN OF A BIRTH

82070

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
SEP 22 1885
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11 child

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, 13 Sept. 1885

4. Place of Birth, (Street and Number) 196 Cambridge St

5. Full Name of Mother, Annie Foster

6. Mother's Maiden Name, King

7. Mother's Birthplace, Baltimore

8. Full Name of Father, John Foster

9. Father's Occupation, Labor

10. Father's Birthplace, Columbia

Name of Medical Attendant, or other Person who makes this Return. Mrs Wiley

Address, No 12 Patterson Park ave

Remarks,

...ity Printers and Stationers.

RETURN OF A BIRTH.

8207 1

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth Sept 19th 1885

4. Place of Birth, (Street and Number) 346 W Hoffman St Balt

5. Full Name of Mother, Mary Brown

6. Mother's Maiden Name, Mary Lambert

7. Mother's Birthplace, Baltimore County

8. Full Name of Father, Samuel Brown

9. Father's Occupation, Horse Shoer

10. Father's Birthplace, Baltimore County

Name of Medical Attendant, or other Person who makes this Return. Mrs Hunter

Address, 21 N Poppleton St

Remarks,

HEALTH DEPARTMENT
SEP 21 1885
BALTIMORE, MD.

Co., City Printers and Stationers.

RETURN OF A BIRTH

S2072

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
SEP 20 1885
BALTIMORE, MD.

. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	
Sex, (state whether male or female)	Female.
Race or Color, (if not of the white race)	Colored.
Date of Birth,	September 13. 1885.
Place of Birth, (Street and Number)	Baltimore. 51 Oxford. st.
Full Name of Mother,	Jannie Griffen
Mother's Maiden Name,	Jannie Carr.
Mother's Birthplace,	Easternshore
Full Name of Father,	Bazel Griffen
Father's Occupation,	Waiter
Father's Birthplace.	Easternshore
Name of Medical Attendant, or other Person who makes this Return	Lucy Cornish
Address,	No 13 Jerdon. allie.
Remarks,	

AND STATIONERS

5207 3

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

George Hager

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. *Sex, (state whether male or female)* Male

2. *Race or Color, (if not of the white race)*

3. *Date of Birth,* Sept 14, 1885

4. *Place of Birth, (Street and Number)* 99 N. Eldery St

5. *Full Name of Mother,* Mary Hager

6. *Mother's Maiden Name,* Hessler

7. *Mother's Birthplace,* Germany

8. *Full Name of Father,* Nicholas Hager

9. *Father's Occupation,* Cutter

10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return Caroline Miller

Address, 5 Walker St. Balto. Md

Remarks,

HEALTH DEPARTMENT SEP 21 1885 BALTIMORE, MD.

CITIZEN NAME ADDED 9-23-52

TERS AND STATIONERS.

RETURN OF A BIRTH

S 2074

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, BALTIMORE. SEP 23 1885

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First Child

1. Sex, (state whether male or female) Female Sex

2. Race or Color, (if not of the white race) White Race

3. Date of Birth, September Fourteenth 1885

4. Place of Birth, (Street and Number) Number three hundred and eleven Bond St

5. Full Name of Mother, Annie Margaret Muller

6. Mother's Maiden Name, Annie Margaret Dorbaugh

7. Mother's Birthplace, York Pennsylvania

8. Full Name of Father, John Michael Muller

9. Father's Occupation, Laborer

10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other Person who makes this Return. Mc Wiley

Address, No 12 Patterson Park Ave

Remarks,

City Printers and Stationers.

RETURN OF A BIRTH.

820/5

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT, SEP 22 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	Colored
3. Date of Birth	14
4. Place of Birth (Street and Number)	92 Hanover
5. Full Name of Mother	Mary agnes Johnson
6. Mother's Maiden Name	Mary agnes Wallis
7. Mother's Birthplace	Prince Georges county
8. Full Name of Father	Walter Johnson
9. Father's Occupation	Labor
10. Father's Birthplace	goochland county Va
Name of Medical Attendant, or other Person who makes this Return.	
Address	
Remarks	

82076

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Fourth

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth September 14, 1885
4. Place of Birth, (Street and Number) Cinquith st ext, (Balto Co)
5. Full Name of Mother, Mary McCreer
6. Mother's Maiden Name, Mary Crimmons
7. Mother's Birthplace, Ireland
8. Full Name of Father, Thos McCreer
9. Father's Occupation, Laborer
10. Father's Birthplace, Ireland

Name of Medical Attendant, or other Person who makes this Return. Aug. A. Clewell M D

Address, 559 Harford ave

Remarks,

HEALTH DEPARTMENT, SEP 24 1885 BALTIMORE, MD.

Co., City Printers and Stationers.

RETURN OF A BIRTH.

82077

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Eighth

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth September 14, 1885

4. Place of Birth, (Street and Number) No. 511 Harford ave

5. Full Name of Mother, Mary Ann Roberts

6. Mother's Maiden Name, Mary A. Biddle

7. Mother's Birthplace, England

8. Full Name of Father, Wm. T. Roberts

9. Father's Occupation, Machinist

10. Father's Birthplace, England

Name of Medical Attendant, or other Person who makes this Return. Chas. A. Clewell M.D.

Address, 559 Harford ave

Remarks,

HEALTH DEPARTMENT
SEP 24 1885
BALTIMORE MD.

Co., City Printers and Stationers.

RETURN OF A BIRTH.

8 2078

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
SEP 25 1885
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* Sept 14th
4. *Place of Birth (Street and Number)* 1140 Davis St
5. *Full Name of Mother* Fannie Sexton
6. *Mother's Maiden Name* —
7. *Mother's Birthplace* Unionville Talbot Co
8. *Full Name of Father* James Myers
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Balto Md

Name of Medical Attendant, or other Person who makes this Return. Mrs. Jane D. Castle

Address #17 Hamilton St City

Remarks

RETURN OF A BIRTH.

82079

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, SEP 28 1935 BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth Sept. 14th 1885

4. Place of Birth, (Street and Number) #300 Madison St.

5. Full Name of Mother, Mary E. French

6. Mother's Maiden Name, E. E. Popp

7. Mother's Birthplace, Balto. Md.

8. Full Name of Father, George W. French

9. Father's Occupation, Pharmacist

10. Father's Birthplace, Washington D. C.

Name of Medical Attendant, or other Person who makes this Return. Wm. Henry Hillegeist

Address, #182 E. Monument St.

Remarks,

...o., City Printers and Stationers.

12080

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, SEP 29 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) W. Hebe

3. Date of Birth, Sept 14 85

4. Place of Birth, (Street and Number) 194 Hanover St

5. Full Name of Mother, Henry Schain

6. Mother's Maiden Name, Henry Berman

7. Mother's Birthplace, Prussia

8. Full Name of Father, Moses Schain

9. Father's Occupation, Peddler

10. Father's Birthplace, Russia

Name of Medical Attendant, or other Person who makes this Return Wm P Schmidt

Address, 87 South St.

Remarks,

to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

BLANKS AND STATIONERY.

RETURN OF A BIRTH

8 2081

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth, Sept. 14 18[illegible]

4. Place of Birth, (Street and Number) 348. S Charles.

5. Full Name of Mother, Henrietta Creighton

6. Mother's Maiden Name, " Bennett

7. Mother's Birthplace, Bal

8. Full Name of Father, Augustus Creighton

9. Father's Occupation, Mariner

10. Father's Birthplace, Bal

Name of Medical Attendant, or other Person who makes this Return. H. W. Webster

Address, 101 Barnes

Remarks,

HEALTH DEPARTMENT
SEP 24 1885
BALTIMORE, MD.

City Printers and Stationers.

RETURN OF A BIRTH

8 3082

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
SEP 24 1885
BALTIMORE MD

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race)

3. Date of Birth, 14th Sept. 1885

4. Place of Birth, (Street and Number) 183 S. Charles

5. Full Name of Mother, Annie Wolfram

6. Mother's Maiden Name, " Esmar

7. Mother's Birthplace, Balt

8. Full Name of Father, John Wolfram

9. Father's Occupation, Wheelwright

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. H. H. Webster M D

Address,

Remarks,

City Printers and Stationers.

RETURN OF A BIRTH

$2083

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT, SEP 20 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

Sex, (state whether male or female) Female

Race or Color, (if not of the white race) White

Date of Birth, 5th Sept 1885

Place of Birth, (Street and Number) No. 2 Eager Avenue Balto

Full Name of Mother, Catharine Elizabeth Smith

Mother's Maiden Name, Catharine E. Wagner

Mother's Birthplace, Balto. Md

Full Name of Father, John James Smith

Father's Occupation, Carriage Trimmer

Father's Birthplace, Providence Rhode Island

Name of Medical Attendant, or other Person who makes this Return James S. Fulks M.D.

Address, No. 134 East St Balto. Md

Remarks,

CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

8204

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
SEP 22 1885
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d, Child

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) white race

3. Date of Birth, 15 of September

4. Place of Birth, (Street and Number) 165 S. Magdeira Alley

5. Full Name of Mother, Catherina Nieberding

6. Mother's Maiden Name, Catharina Oberding

7. Mother's Birthplace, Oldenburg

8. Full Name of Father, Heinrich Nieberding

9. Father's Occupation, Cigarmaker

10. Father's Birthplace, Oldenburg

Name of Medical Attendant, or other Person who makes this Return. Dr. Wiley

Address, Cor 12 Patterson Park av

Remarks,

City Printers and Stationers.

RETURN OF A BIRTH.

82085

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, SEP 21 1885 BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth 16 Sept. 1885

4. Place of Birth, (Street and Number) 20 Barnet Str

5. Full Name of Mother, Louise Peters

6. Mother's Maiden Name, Louise Steinbach

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Heinrich Gunther Barth. Peters

9. Father's Occupation, Farmer

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return, Mrs. N. Maennel. Midwife

Address, No 8 Pearl str.

Remarks, Mother and child are both well

...Co., City Printers and Stationers.

RETURN OF A BIRTH.

82086

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, SEP 21 1885 BALTIMORE MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Second

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race)
3. Date of Birth 16th of September
4. Place of Birth, (Street and Number) 20 ~~Barnett~~ Barnett
5. Full Name of Mother, Mary Callahan
6. Mother's Maiden Name, Mary Chantler
7. Mother's Birthplace, Johnstown Pa
8. Full Name of Father, William Edward Callahan
9. Father's Occupation, Potter
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return, Mrs W. Macneal Midwife

Address, No 8 Pearl Sts

Remarks, Mother and Child are both well

Co., City Printers and Stationers.

RETURN OF A BIRTH.

82087

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT, SEP 22 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6 f
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	Colored
3. Date of Birth	16th
4. Place of Birth (Street and Number)	145½ York street
5. Full Name of Mother	Laura Frazer
6. Mother's Maiden Name	Laura Berk
7. Mother's Birthplace	Baltimore md.
8. Full Name of Father	Charles Frazer
9. Father's Occupation	Labor
10. Father's Birthplace	Somerset county md.
Name of Medical Attendant, or other Person who makes this Return.	Wm Marble
Address	142 York street
Remarks	

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
SEP 28 1885
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 C[illegible]

1. *Sex, (state whether male or female)* Male

2. *Race or Color, (if not of the white race)*

3. *Date of Birth,* Sept 16 [illegible]

4. *Place of Birth, (Street and Number)* 171 West st

5. *Full Name of Mother,* Mary Livinkston

6. *Mother's Maiden Name,* Minnik

7. *Mother's Birthplace,* America

8. *Full Name of Father,* Franklin Livinkston

9. *Father's Occupation,* Toy Packer

10. *Father's Birthplace,* America

Name of Medical Attendant, or other Person who makes this Return. J Lohwasser Midwife

Address, 330 Hanover st

Remarks,

City Printers and Stationers.

RETURN OF A BIRTH.

82089

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth September 16th 1885

4. Place of Birth, (Street and Number) No 9 Fell St

5. Full Name of Mother, Alvina Celsntner

6. Mother's Maiden Name, " Steinbach

7. Mother's Birthplace, Germany

8. Full Name of Father, Frank Celsntner

9. Father's Occupation, Copper smith

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs Elizabeth Belz

Address, 120 Bank Str.

Remarks, this child died on Sunday Sept 27th 1885

Cause of Death, Premature birth.

HEALTH DEPARTMENT SEP 28 1885 BALTIMORE, MD

Co., City Printers and Stationers.

NOTICE

The succeeding document was received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

RETURN OF A BIRTH. 82090

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 9th

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) Colored

3. Date of Birth Sept 16th

4. Place of Birth, (Street and Number) 106 West St.

5. Full Name of Mother, Ellen Jeanes

6. Mother's Maiden Name, Ellen Hooper

7. Mother's Birthplace, Accomac Co. Va.

8. Full Name of Father, Esser Jeanes

9. Father's Occupation, Laborer

10. Father's Birthplace, New Town Va.

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

HEALTH DEPARTMENT SEP 22 1835 BALTIMORE, MD

...o., City Printers and Stationers.

12091

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, SEP 22 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* Colard
3. *Date of Birth,* September 26
4. *Place of Birth, (Street and Number)* Baltimore City to 6 Shuter St
5. *Full Name of Mother,* Susie Ceallia Crockson
6. *Mother's Maiden Name,* Susie C. Gimison
7. *Mother's Birthplace,* Warren Factory Baltimore Conty
8. *Full Name of Father,* Frank Crockson
9. *Father's Occupation,* Slavery dorring
10. *Father's Birthplace,* Harfort Conty

Name of Medical Attendant, or other Person who makes this Return Henetter Glasco

Address, McCelry St Extened

Remarks, in good helth as can Be Expected

to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

...ERS AND STATIONERS.

RETURN OF A BIRTH

83092

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, SEP 20 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) Black

3. Date of Birth, Sept 17th

4. Place of Birth, (Street and Number) 190 N Chester St

5. Full Name of Mother, Mary E Gunning

6. Mother's Maiden Name, Mary Farmer

7. Mother's Birthplace, Baltimore Md.

8. Full Name of Father, William Gunning

9. Father's Occupation, Salesman

10. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other Person who makes this Return. Ann L. Gaw M.D.

Address, #361 N Broadway.

Remarks,

City Printers and Stationers.

8209 3

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
SEP 21 1885
BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race)
3. Date of Birth Sept. 17, 1885
4. Place of Birth, (Street and Number) 205 Jefferson St
5. Full Name of Mother, Cabrie Sank
6. Mother's Maiden Name, Whiteley
7. Mother's Birthplace, Balto. Md
8. Full Name of Father, Corbin Amos Sank
9. Father's Occupation, Machinist
10. Father's Birthplace, Balto. Md.

Name of Medical Attendant, or other Person who makes this Return. Caroline Miller

Address, 5 Walker St. Balto. Md.

Remarks,

for each offence to be recovered as other fines and forfeitures are recovered.

& Co. City Printers and Stationers.

RETURN OF A BIRTH

82094

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT, SEP 21 1885 BALTIMORE, MD.

No. of Child of Mother, (*state whether 1st, 2d, 3d, &c.*)	1
Sex, (*state whether male or female*)	Female
Race or Color, (*if not of the white race*)	White
Date of Birth,	Sept. 17/85
Place of Birth, (*Street and Number*)	32 N. Amity
Full Name of Mother,	Matilda Bell
Mother's Maiden Name,	" Baier
Mother's Birthplace,	Baltimore
Full Name of Father,	Chas W Bell
Father's Occupation,	Blacksmith
Father's Birthplace,	Balto
Name of Medical Attendant, or other Person who makes this Return.	Thomas Opie M.D.
Address,	179 N. Howard St
Remarks,	

PRINTER & STATIONER, BALT.

RETURN OF A BIRTH. 82095

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
SEP 26 1885
BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth 17 September
4. Place of Birth, (Street and Number) 80 Orleans St
5. Full Name of Mother, Katherine Frederick
6. Mother's Maiden Name, " Peters
7. Mother's Birthplace, Balt. Md.
8. Full Name of Father, Henry G. Frederick
9. Father's Occupation, Confectioner
10. Father's Birthplace, Balt Md

Name of Medical Attendant, or other Person who makes this Return. Mrs Rosa Ulrig

Address, 48 Holland St Balt. Md.

Remarks,

Co., City Printers and Stationers.

RETURN OF A BIRTH

8209b

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

William Frederick Paulus

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st Child

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth, Sept 17 1885

4. Place of Birth, (Street and Number) 3 Clarkson St.

5. Full Name of Mother, Rosy Paulus.

6. Mother's Maiden Name, Weiland.

7. Mother's Birthplace, America.

8. Full Name of Father, Paul Paulus

9. Father's Occupation, Laborer.

10. Father's Birthplace, Germany.

Name of Medical Attendant, or other Person who makes this Return. J. Schwasser. Midwife.

Address, 330 Hanover st.

Remarks, GIVEN MADE ISSUED 3-2-54

L-M

HEALTH DEPARTMENT, SEP 28 1885 BALTIMORE, MD.

City Printers and Stationers.

RETURN OF A BIRTH.

82097

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
SEP 24 1885

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second Child.

1. *Sex (state whether male or female)* Female.
2. *Race or Color (if not of the white race)* White.
3. *Date of Birth* Thursday, Sept. 11th 1885.
4. *Place of Birth (Street and Number)* No 26 Biddle Alley.
5. *Full Name of Mother* Mrs. Carrie Frank.
6. *Mother's Maiden Name* Carrie Simmons.
7. *Mother's Birthplace* Cincinnatti Ohio.
8. *Full Name of Father* Mr. John Frank.
9. *Father's Occupation* Laborer.
10. *Father's Birthplace* Germany.

Name of Medical Attendant, or other Person who makes this Return. Midwife Mrs. Thusia Geller.

Address No. 34. Biddle Alley.

Remarks

RETURN OF A BIRTH

83098

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, SEP 21 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Sept 18 1885
4. *Place of Birth, (Street and Number)* 80 E. Chase St
5. *Full Name of Mother,* Annie E. Canby
6. *Mother's Maiden Name,* " " Affayrouse
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Winfield Scott Canby
9. *Father's Occupation,* Hatter
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Edward P. Whitrice

Address, 84 Augusta St

Remarks,

City Printers and Stationers.

RETURN OF A BIRTH.

82099

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, SEP 25 1885 BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) the seventh child

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth* 1885 Friday the 18th Sep
4. *Place of Birth, (Street and Number)* No. 20 South arlington av
5. *Full Name of Mother,* Mrs Hettie Gilkey
6. *Mother's Maiden Name,* Hettie Cranston
7. *Mother's Birthplace,* Washington DC
8. *Full Name of Father,* Oba V. Gilkey
9. *Father's Occupation,* Carriage trimer
10. *Father's Birthplace,* Delerware

Name of Medical Attendant, or other Person who makes this Return. Susan Hunter

Address, 21 [illegible] Poppelton St

Remarks,

Co., City Printers and Stationers.

RETURN OF A BIRTH

82100

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT, SEP 28 1885 BALTIMORE, MD.

. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Three

Sex, (state whether male or female) Female

Race or Color, (if not of the white race) Colored

Date of Birth, 18th Sept 1885

Place of Birth, (Street and Number) 42 Orchard St

Full Name of Mother, Minerva Lee

Mother's Maiden Name, do Norton

Mother's Birthplace, Harford Co Md

Full Name of Father, Joseph Lee

Father's Occupation, Porter

. Father's Birthplace, Balto Md

Name of Medical Attendant, or other Person who makes this Return Lucy Cornish

Address, No 13 Jordan alley

Remarks.

RS AND STATIONERS

RETURN OF A BIRTH

13101

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
SEP 28 1885
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	Sept 18, 1883
4. *Place of Birth, (Street and Number)*	196 Washington
5. *Full Name of Mother,*	Barbara Wellslager
6. *Mother's Maiden Name,*	Barbara Neudemeyer
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	John Wellslager
9. *Father's Occupation,*	Tobacco
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other Person who makes this Return	Mary L. Lovejoy
Address,	39 Eutaw St.
Remarks,	

to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

PRINTERS AND STATIONERS.

RETURN OF A BIRTH

~~820102~~ 82102

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Sept. 18 85
4. *Place of Birth, (Street and Number)* 236 E. Chase
5. *Full Name of Mother,* Emma Rafferty
6. *Mother's Maiden Name,* Emma Boyle
7. *Mother's Birthplace,* Maryland
8. *Full Name of Father,* J. R. Rafferty
9. *Father's Occupation,* Harness Maker
10. *Father's Birthplace,* Maryland

Name of Medical Attendant, or other Person who makes this Return, J. H. Robinson M.D.

Address, 25½ Greenmt Ave,

Remarks,

HEALTH DEPARTMENT, SEP 22 1885 BALTIMORE, MD.

., City Printers and Stationers.

RETURN OF A BIRTH

82103

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	7th
Sex, (state whether male or female)	Male
Race or Color, (if not of the white race)	White
Date of Birth,	Sept 18th 1895
Place of Birth, (Street and Number)	15 N Woodward Av
Full Name of Mother,	Mary Watts
Mother's Maiden Name,	Mary Keyser
Mother's Birthplace,	Balto Md
Full Name of Father,	Jno Watts
Father's Occupation,	Engineer
Father's Birthplace,	Balto Md
Name of Medical Attendant, or other Person who makes this Return	Geo R Graham M D
Address,	136 Columbia ave
Remarks,	

HEALTH DEPT. SEP 23

...S AND STATIONERS

GIVEN NAME ADDED. 9-28-55

82104

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT, SEP 29 1885 BALTIMORE, MD.

Mary McCormick

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4
Sex, (state whether male or female)	F
Race or Color, (if not of the white race)	W
Date of Birth,	Sept 19 1885
Place of Birth, (Street and Number)	92 Dolphin st
Full Name of Mother,	Kate McCormick
Mother's Maiden Name,	Hand
Mother's Birthplace,	Balt?
Full Name of Father,	Patk H. McCormick
Father's Occupation,	Garbage Man
Father's Birthplace,	?
Name of Medical Attendant, or other Person who makes this Return	C. Winslow
Address,	201 W. Biddle st
Remarks,	

...UL, CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

8 2105

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1
Sex, (state whether male or female)	Male
Race or Color, (if not of the white race)	Colored
Date of Birth,	19th September
Place of Birth, (Street and Number)	44 Druid Hill avenue
Full Name of Mother,	Katie Bon
Mother's Maiden Name,	Katie Bon
Mother's Birthplace,	Cambridge
Full Name of Father,	Lawrence Matthews
Father's Occupation,	Waiter
Father's Birthplace,	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Charlotte Goldsborough
Address,	89 Moores alley
Remarks,	

HEALTH DEPARTMENT, SEP 30 1885 BALTIMORE, MD.

ER & STATIONER, BALT.

RETURN OF A BIRTH,

82106

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT, SEP 21 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, ~~2d, 3d, &c.~~) _____

1. Sex (state whether male or female) female
2. Race or Color, (if not of the white race) _____
3. Date of Birth September 19
4. Place of Birth, (Street and Number) 82 N Green St
5. Full Name of Mother Mamette W White
6. Mother's Maiden Name M. V. Shipley
7. Mother's Birthplace Howard Co Maryland
8. Full Name of Father Geo. W. White
9. Father's Occupation _____
10. Father's Birthplace Annasundel Co. Md.

Name of Medical Attendant, or other Person who makes this Return. James A Tuttle

Address 182 Saratoga St

Remarks _____

RETURN OF A BIRTH.

82107

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT, SEP 22 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th
1. *Sex (state whether male or female)*	Male
2. *Race or Color (if not of the white race)*	Colored
3. *Date of Birth*	Sept 19th 1885
4. *Place of Birth (Street and Number)*	14½ East St
5. *Full Name of Mother*	Mary Jane Hall
6. *Mother's Maiden Name*	Bird
7. *Mother's Birthplace*	Anne Arundel Co
8. *Full Name of Father*	Albert Hall
9. *Father's Occupation*	Oyster Shucker
10. *Father's Birthplace*	Anne Ar Co
Name of Medical Attendant, or other Person who makes this Return.	City Workman
Address	151 Chappel St
Remarks	

RETURN OF A BIRTH.

82108

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, SEP 22 1885 BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth 19th of September

4. Place of Birth, (Street and Number) No 187 Hillyard Ave

5. Full Name of Mother, Miranda Dobbs

6. Mother's Maiden Name, Miranda Groton

7. Mother's Birthplace, Accomac Co. Va

8. Full Name of Father, Joseph Groton " "

9. Father's Occupation, Carpenter

10. Father's Birthplace, Virginia

Name of Medical Attendant, or other Person who makes this Return. Mrs Christiana Sauer

Address, 173 Hanford Ave

Remarks, 1885.

for each offence to be recovered as other fines and penalties are recovered.

Co., City Printers and Stationers.

RETURN OF A BIRTH

82109

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT, SEP 22 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) ~~9 months~~ 5

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, Sept. ~~[illegible]~~ 19
4. Place of Birth, (Street and Number) 49. Jefferson st
5. Full Name of Mother, Rachel Alice Henderson
6. Mother's Maiden Name, Rachel Alice White
7. Mother's Birthplace, Baltimore
8. Full Name of Father, John Emmitt Henderson
9. Father's Occupation, Bartender and Waiter at 8½ S. Calvert st
10. Father's Birthplace, Petersburg Va

Name of Medical Attendant, or other Person who makes this Return H Hester Smith

Address, 100. Mcelderry st

Remarks,

CITY PRINTERS AND STATIONERS

82 110

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT, SEP 25 1885 BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Ninth
1. Sex (~~state whether Male or~~ Female)	
2. Race or Color (~~if not~~ of the white race)	
3. Date of Birth	Sept 19th 1885
4. Place of Birth (Street and Number)	138 S Paca
5. Full Name of Mother	Mary Louisa Warfield
6. Mother's Maiden Name	Linthicum
7. Mother's Birthplace	Baltimore
8. Full Name of Father	David Hiram Warfield
9. Father's Occupation	Book-Keeper
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Elias C Price M D
Address	202 Madison Ave
Remarks	

RETURN OF A BIRTH.

82111

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
OCT 17 1885
BALTIMORE MD

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* Negro
3. *Date of Birth* Sept. 6th '85
4. *Place of Birth (Street and Number)* 5 E Centre St.
5. *Full Name of Mother* Henrietta Jolly
6. *Mother's Maiden Name* " Squires
7. *Mother's Birthplace* Cambridge Md.
8. *Full Name of Father* William C. Jolly
9. *Father's Occupation* Coachman
10. *Father's Birthplace* Cambridge Md.

Name of Medical Attendant, or other Person who makes this Return. F. B. Gardner

Address 120 N. Greene St.

Remarks

RETURN OF A BIRTH.

82112

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, SEP 26 1885 BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 8

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) White

3. Date of Birth 19 September 1885

4. Place of Birth, (Street and Number) 41 Central ave,

5. Full Name of Mother, Elizabeth Baker

6. Mother's Maiden Name, Bauer

7. Mother's Birthplace, Europe

8. Full Name of Father, Henry Baker

9. Father's Occupation, Boxmaker

10. Father's Birthplace, Europe

Name of Medical Attendant, or other Person who makes this Return. Mrs Rosa Illig

Address, 478 Holland St Balt. Md

Remarks,

Co., City Printers and Stationers.

82113

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, SEP 29 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Sept. 19/85
4. *Place of Birth, (Street and Number)* 111 Low St
5. *Full Name of Mother,* Beckey Cronenberg
6. *Mother's Maiden Name,* Beckey Cordensky
7. *Mother's Birthplace,* Russa
8. *Full Name of Father,* Abrun Cronenberg
9. *Father's Occupation,* Tailor
10. *Father's Birthplace,* Russa

Name of Medical Attendant, or other Person who makes this Return Mrs. R. Goldsmith

Address, 87 Sharp St

Remarks, —

any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

INTERS AND STATIONERS.

RETURN OF A BIRTH

82114

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 Child

Sex, (state whether male or female) Girl

2. Race or Color, (if not of the white race) White

3. Date of Birth, 19th of September 1885

4. Place of Birth, (Street and Number) No 3 Parson Baltimore

5. Full Name of Mother, Mrs. Jenkins

6. Mother's Maiden Name, Miss Kate ulric

7. Mother's Birthplace, Born Baltimore

8. Full Name of Father, Mr zept Jenkins

9. Father's Occupation, Laboror

10. Father's Birthplace, Born Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs. Killer

Address, 1017 west Pratt st city

Remarks,

HEALTH DEPARTMENT SEP 24 1885 BALTIMORE

for each offence to be recovered as other fines and forfeitures are recoverable.

, City Printers and Stationers.

82115

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT, SEP 23 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Third
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	Sept. 19 / 85
4. Place of Birth (Street and Number)	221 N. Fremont St
5. Full Name of Mother	C. G. McConn
6. Mother's Maiden Name	C. G. Shorey
7. Mother's Birthplace	Balto Md
8. Full Name of Father	Wm. F. McConn
9. Father's Occupation	Clerk
10. Father's Birthplace	Balto.
Name of Medical Attendant, or other Person who makes this Return.	P. Winter A. MD
Address	#219 N. Fremont St
Remarks	

RETURN OF A BIRTH

82116

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT, SEP 29 1885 BALTIMORE, MD.

1. No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)
2. Sex, (~~state whether~~ male or ~~female~~)
3. Race or Color, (if not of the white race) White
4. Date of Birth, Sept 20th
5. Place of Birth, (Street and Number) 25 Frederick Av
6. Full Name of Mother, Jennie E. Grant
7. Mother's Maiden Name, Jennie E Lee
8. Mother's Birthplace, Balt. City
9. Full Name of Father, Chas N. Grant
10. Father's Occupation, Clerk
11. Father's Birthplace, Virginia
12. Name of Medical Attendant, or other Person who makes this Return, Truman F Hillman
13. Address, 17 N. Calhoun st.
14. Remarks,

...CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

82 117

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
SEP 21 1885
BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race)

3. Date of Birth Sept. 20, 1885

4. Place of Birth, (Street and Number) 7 Young St.

5. Full Name of Mother, Ellen O'Sheeley

6. Mother's Maiden Name, Owen

7. Mother's Birthplace, Richmond Va.

8. Full Name of Father, Thomas O'Sheeley

9. Father's Occupation, Plumber

10. Father's Birthplace, Balto. Md.

Name of Medical Attendant, or other Person who makes this Return. Caroline Miller

Address, 5 Walker St. Balto. Md.

Remarks,

for each offence to be recovered as other fines and forfeitures are recoverable.

& Co., City Printers and Stationers.

NOTICE

The succeeding document was received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

82118

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, SEP 21 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* September 20 1885
4. *Place of Birth, (Street and Number)* 150 Vine St
5. *Full Name of Mother,* Amelia Dorsey
6. *Mother's Maiden Name,* Amelia Hart
7. *Mother's Birthplace,* Howard Co Md
8. *Full Name of Father,* Frank Dorsey
9. *Father's Occupation,* Lumber
10. *Father's Birthplace,* Quantico Co Md

Name of Medical Attendant, or other Person who makes this Return Charlotte Proctor Midwife

Address, No. 10 Carlton St

Remarks,

any person or persons to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

INTERS AND STATIONERS.

RETURN OF A BIRTH

82 119

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
SEP 21 1885
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2d
Sex, (state whether male or female)	Female
Race or Color, (if not of the white race)	White
Date of Birth,	Sept 20 1885
Place of Birth, (Street and Number)	156 Eutaw St
Full Name of Mother,	Mary Hesse
Mother's Maiden Name,	Mary Wagner
Mother's Birthplace,	Baltimore
Full Name of Father,	Lewis Hesse
Father's Occupation,	Stove Mounters
Father's Birthplace.	Pennsylvania
Name of Medical Attendant, or other Person who makes this Return	Z B Noble MD
Address,	30 Hanover
Remarks,	

ERS AND STATIONERS

RETURN OF A BIRTH

82120

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
SEP 26 1885
BALTIMORE, MD

of Child of Mother. (state whether 1st, 2d, 3d, &c.)	3 Child
Sex, (state whether male or female)	Female
Race or Color, (if not of the white race)	White
Date of Birth,	September 20th 1885
Place of Birth, (Street and Number)	No 42 Cole St Balto Md
Full Name of Mother,	Agnes Jeng
Mother's Maiden Name,	Agnes Trüter
Mother's Birthplace,	Germany
Full Name of Father,	John Jeng
Father's Occupation,	Blacksmith
Father's Birthplace,	Germany
Name of Medical Attendant, or other Person who makes this Return	Miss Mary Straning
Address,	No 60 South Patrick Balto Md
Remarks,	Mother and Child are doing good

AND STATIONERS

82121

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, SEP 26 1885 BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1

Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) White

3. Date of Birth 20 September 1883

4. Place of Birth, (Street and Number) 324 Monument St

5. Full Name of Mother, Emma Wiesen

6. Mother's Maiden Name, " Danz

7. Mother's Birthplace, Baltimore Md.

8. Full Name of Father, Tomas Wiesen

9. Father's Occupation, Painter

Father's Birthplace, Baltmore

Name of Medical Attendant, or other Person who makes this Return. Mrs Rosa Ulbrig

Address, 118 Holland St

Remarks, Balt. Md

for each offence to be recovered as other fines and forfeitures are recoverable.

& Co., City Printers and Stationers.

82122

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT, SEP 28 1885 BALTIMORE, MD.

o. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd
Sex, (state whether male or female)	Male
Race or Color, (if not of the white race)	W
Date of Birth,	Septr 20th 1885
Place of Birth, (Street and Number)	113 Townsend
Full Name of Mother,	Mary Hammond
Mother's Maiden Name,	
Mother's Birthplace,	Baltimore
Full Name of Father,	James M Hammond
Father's Occupation,	Policeman
). Fa[illegible]'s Birthplace,	Maryland
Name of Medical Attendant, or other Person who makes this Return	Dr C Winslow
Address,	23 McCulloh st
Remarks,	

ERS AND STATIONERS

RETURN OF A BIRTH

82173

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT, SEP 28 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2
Sex, (state whether male or female)	Male
Race or Color, (if not of the white race)	White
Date of Birth,	Sept 20 85
Place of Birth, (Street and Number)	Cottage Av
Full Name of Mother,	Zelinda Linck
Mother's Maiden Name,	Zelinda Gensell
Mother's Birthplace,	Virginia
Full Name of Father,	Godfrey Linck
Father's Occupation,	Tailor
Father's Birthplace,	Balt
Name of Medical Attendant, or other Person who makes this Return	Daniel V Magee MD
Address,	192 Arlington Av
Remarks,	City

CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH, 82124

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT, SEP 22 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth Sept 20th 1885.
4. Place of Birth, (Street and Number) 187 Battery Aven
5. Full Name of Mother Annie Maria Baitzell
6. Mother's Maiden Name Vincent
7. Mother's Birthplace Balto Md
8. Full Name of Father Charles Baitzell
9. Father's Occupation Mechanic
10. Father's Birthplace Baltimore City

Name of Medical Attendant, or other Person who makes this Return. J H Currey

Address 76 S Paca St

Remarks

RETURN OF A BIRTH

82125

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Sept 20

4. Place of Birth, (Street and Number) # 240 n Central Av

5. Full Name of Mother, Florance Humphreys

6. Mother's Maiden Name, Florance Garing

7. Mother's Birthplace, Baltimore Md

8. Full Name of Father, Chas. Humphreys

9. Father's Occupation, Machinist

10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other Person who makes this Return. Amos L. Fagan M.D.

Address, 36 n Broadway

Remarks,

HEALTH DEPARTMENT
SEP 22 1885
BALTIMORE, MD.

City Printers and Stationers.

RETURN OF A BIRTH

82126

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
SEP 23
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
Sex, (state whether male or female)	Female
Race or Color, (if not of the white race)	White
Date of Birth,	Sept 20th 1885
Place of Birth, (Street and Number)	Barre St nw Woodward
Full Name of Mother,	Alice Deets
Mother's Maiden Name,	Alice Wolf
Mother's Birthplace,	Carroll Co Maryland
Full Name of Father,	Fredk Deets
Father's Occupation,	Brakeman
Father's Birthplace,	Balto Md
Name of Medical Attendant, or other Person who makes this Return	Chas R Grahame M D
Address,	136 Columbia Ave
Remarks,	

...RS AND STATIONERS

82127

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
SEP 23 1885
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Second

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* Saturday Sept 20th 85
4. *Place of Birth, (Street and Number)* 149 Preston St.
5. *Full Name of Mother,* Minnie Memmert
6. *Mother's Maiden Name,* Minnie Russell
7. *Mother's Birthplace,* Baltimore City
8. *Full Name of Father,* William Memmert
9. *Father's Occupation,* Paper hanger
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Ely Welch Sr. M.D.

Address, 51 N. Calvert St.

Remarks,

For each offence to be recovered as other fines and forfeitures are recovered.

Co., City Printers and Stationers.

RETURN OF A BIRTH.

82128

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth September 20/85
4. Place of Birth, (Street and Number) 44 E. Market Space
5. Full Name of Mother, E. Natanson
6. Mother's Maiden Name, E. Waldman
7. Mother's Birthplace, Austria
8. Full Name of Father, M. Natanson
9. Father's Occupation, Cigar Maker
10. Father's Birthplace, Austria

Name of Medical Attendant, or other Person who makes this Return. R. Kaplan

Address, Nor 6 Rochili

Remarks,

HEALTH DEPARTMENT, SEP 23 1885 BALTIMORE MD

for each offence to be recovered as other fines and forfeitures are recoverable.

Co., City Printers and Stationers.

NOTICE

The succeeding document was received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

RETURN OF A BIRTH

82129

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, SEP 23 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

Sex, (state whether male or female) Male

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* 20 of Sep

4. *Place of Birth, (Street and Number)* 197 Preston St.

5. *Full Name of Mother,* ~~Hester Crigler~~ Mary Overleck.

6. *Mother's Maiden Name,* Mary Jackson Arth

7. *Mother's Birthplace,* Baltimore

8. *Full Name of Father,* George Arth

9. *Father's Occupation,* Paper hanger

10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mary Walters

Address, 125 N. Caroline St.

Remarks,

for each offence to be recovered as other fines and forfeitures are recoverable.

o., City Printers and Stationers.

RETURN OF A BIRTH.

82130

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, SEP 24 1885 BALTIMORE MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1
1. *Sex*, (state whether male or female)	Male
2. *Race or Color*, (if not of the white race)	White
3. *Date of Birth*	20th September
4. *Place of Birth*, (Street and Number)	462 Canton avenue.
5. *Full Name of Mother*,	Magge Wachter
6. *Mother's Maiden Name*,	Gronmeyer
7. *Mother's Birthplace*,	
8. *Full Name of Father*,	
9. *Father's Occupation*,	
10. *Father's Birthplace*,	
Name of Medical Attendant, or other Person who makes this Return.	Mr E. Gray
Address,	193 South Chester street
Remarks,	Healthy & Child.

for each offence to be recovered as other fines and forfeitures are recoverable.

& Co., City Printers and Stationers.

82131

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
SEP 30 1885
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
1. Sex (state whether Male or Female)	Female — Mary B. Rider
2. Race or Color (if not of the white race)	White
3. Date of Birth	Sept. 24/85
4. Place of Birth (Street and Number)	89 Harlem Ave.
5. Full Name of Mother	Kate A. Rider
6. Mother's Maiden Name	" " Bateman
7. Mother's Birthplace	Balto. Md.
8. Full Name of Father	Wm B. Rider
9. Father's Occupation	Physician
10. Father's Birthplace	Balto. Co. Md.
Name of Medical Attendant, or other Person who makes this Return.	Wm B. Rider.
Address	89 Harlem Ave.

Remarks Full given name of child added by father upon applying for a transcript. Wm B. Rider, Father — J. E. Wehn - Birth Index Clerk

82132

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT, SEP 22 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) No 5

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) Race White
3. Date of Birth Friday 21
4. Place of Birth (Street and Number) No 100 Goodmanslay
5. Full Name of Mother Mary Cristenia Wagner
6. Mother's Maiden Name Mary Christenia Hoff
7. Mother's Birthplace Baltimore
8. Full Name of Father William Earnest Wagner
9. Father's Occupation Labor
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mary Maker

Address

Remarks

82136

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, SEP 28 1885 BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 7th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* Sept. 21st 1885
4. *Place of Birth, (Street and Number)* #38 Keyser St.
5. *Full Name of Mother,* Caroline Weinkam
6. *Mother's Maiden Name,* " Zulauf
7. *Mother's Birthplace,* Balto. Md.
8. *Full Name of Father,* Joseph Weinkam
9. *Father's Occupation,* Barber
10. *Father's Birthplace,* Balto. Md.

Name of Medical Attendant, or other Person who makes this Return. Mrs. Dean Hillegeist

Address, #182 E. Monument St.

Remarks,

for each offence to be recovered as other fines and forfeitures are recovered.

Co., City Printers and Stationers.

82134

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT, SEP 25 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

Sex, (state whether male or female) Male

Race or Color, (if not of the white race) White

Date of Birth, 21 September

Place of Birth, (Street and Number) Baltimore, ~~Cal~~ 2 Castle st near Monument

Full Name of Mother, Annie R. Frank

Mother's Maiden Name, Annie R Rasck

Mother's Birthplace, Baltimore

Full Name of Father, Charles Frank

Father's Occupation, Laboror

Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. Henrietta Glascow

Address, McElderry st extented

Remarks, Well as can be expected.

TER & STATIONER, BALT.

RETURN OF A BIRTH.

S2135

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
SEP 26 1885
BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth 21 September
4. Place of Birth, (Street and Number) 47 Calington ave.
5. Full Name of Mother, Barbara McCauber
6. Mother's Maiden Name, " Ward
7. Mother's Birthplace, Balt. Md.
8. Full Name of Father, Wiliam McCauber
9. Father's Occupation, Clerk
10. Father's Birthplace, Balt. Md.

Name of Medical Attendant, or other Person who makes this Return. Mrs Rose Allig

Address, 48 Holland St

Remarks, Balt Md

for each offence to be recovered as other fines and forfeitures are recoverable.

& Co., City Printers and Stationers.

RETURN OF A BIRTH.

82136

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT, SEP 26 1885 BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3rd
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	September 21st 1885
4. Place of Birth (Street and Number)	44 N. Henry St
5. Full Name of Mother	Bertie Matthews
6. Mother's Maiden Name	Bertie Knighton
7. Mother's Birthplace	Balto City
8. Full Name of Father	Owen Matthews
9. Father's Occupation	Hackman
10. Father's Birthplace	Baltimore City
Name of Medical Attendant, or other Person who makes this Return.	J. R. Uhler M.D.
Address	234 W. Fayette St.
Remarks	

See affadavit over

82137

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT, SEP 28 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
Sex, (state whether male or female)	Female
Race or Color, (if not of the white race)	W
Date of Birth,	Sept ~~11~~ 18th 1885
Place of Birth, (Street and Number)	~~B~~ 107 McCulloh st
Full Name of Mother,	Laura ~~Nita~~ Frank Greif
Mother's Maiden Name,	Laura ~~Nita~~ Frank
Mother's Birthplace,	Baltimore
Full Name of Father,	Max Greif
Father's Occupation,	Clothier
Father's Birthplace,	Baltimore
Name of Medical Attendant, or other Person who makes this Return	C Winslow MD
Address,	23 McCulloh st
Remarks,	(over)

RS AND STATIONERS

RETURN OF A BIRTH

132138

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, SEP 22 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3d
Sex, (state whether male or female)	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	21 of September 1885
4. *Place of Birth, (Street and Number)*	82 N. Washington Stat
5. *Full Name of Mother,*	Louise Schneider
6. *Mother's Maiden Name,*	Louise Maise
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Jacob Schneider
9. *Father's Occupation,*	Barn maker
Father's Birthplace,	Baltimore
Name of Medical Attendant, or other Person who makes this Return	Mrs Ida Hill Midwife
Address,	243 S. Castle Street
Remarks,	~ ~ ~ ~ ~ ~

to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

PRINTERS AND STATIONERS.

RETURN OF A BIRTH

82139

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, 21 of Sept

4. Place of Birth, (Street and Number) 141 Chesnut St

5. Full Name of Mother, Hester Wrigley

6. Mother's Maiden Name, " Jackson

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Daniel Wrigley

9. Father's Occupation, Waiter

10. Father's Birthplace, Madison County

Name of Medical Attendant, or other Person who makes this Return, Mary Walters

Address, 125 N Caroline

Remarks,

HEALTH DEPARTMENT
SEP 23 1885
BALTIMORE MD.

City Printers and Stationers.

RETURN OF A BIRTH 82140

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

Sept 23 th 1885

. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

Sex, (state whether male or female) female

Race or Color, (if not of the white race) Colored

Date of Birth, Sept 21

Place of Birth, (Street and Number) 3 Peach Alley

Full Name of Mother, Mary Helen

Mother's Maiden Name, Mary Waters

Mother's Birthplace, Baltimore City

Full Name of Father, George Allen

Father's Occupation, Laborer

. Father's Birthplace. Baltimore city

Name of Medical Attendant, or other Person who makes this Return Mary S Dawnes

Address, No 2 Peach Alley

Remarks, mid wife

HEALTH DEPARTMENT
SEP 23 1885
BALTIMORE MD.

RS AND STATIONERS

82141

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT, SEP 29 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) white

3. Date of Birth, 22 September

4. Place of Birth, (Street and Number) 120 Mulliton St.

5. Full Name of Mother, ~~Louis D.~~ Sarah E. Brauer

6. Mother's Maiden Name, " E. Hunter

7. Mother's Birthplace, Balto.

8. Full Name of Father, Louis D. Brauer

9. Father's Occupation, Currier

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return [illegible] M.D.

Address, 137 Orleans St.

Remarks,

..., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

82142

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, SEP 26 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth

Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth, September 22nd 1885

4. Place of Birth, (Street and Number) 48 Woodyear st

5. Full Name of Mother, Mary Agnes Sands

6. Mother's Maiden Name, Mc " White

7. Mother's Birthplace, Ireland

8. Full Name of Father, Lawrence Sands

9. Father's Occupation, Laborer

10. Father's Birthplace, Ireland

Name of Medical Attendant, or other Person who makes this Return, Mrs Carroll

Address, 19 Woodyear st

Remarks, None

for each offence to be recovered as other fines and forfeitures are recoverable.

by Printers and Stationers.

RETURN OF A BIRTH

8211/3

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, SEP 7 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth, Sept [illegible] 1885.

4. Place of Birth, (Street and Number) 152 Hamburg st.

5. Full Name of Mother, Maggie Schmidt

6. Mother's Maiden Name, Becker

7. Mother's Birthplace, America.

8. Full Name of Father, Eckardt Schmidt.

9. Father's Occupation, Tailor.

10. Father's Birthplace, Germany.

Name of Medical Attendant, or other Person who makes this Return. J. Schwaser. Midwife.

Address, 330 Hanover st.

Remarks,

City Printers and Stationers.

RETURN OF A BIRTH

8214-1

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, SEP 24 1885 BALTIMORE MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth, 22nd Sept.r 1885

4. Place of Birth, (Street and Number) 190 Hillgrove

5. Full Name of Mother, E. Jane Jones

6. Mother's Maiden Name, Pennington

7. Mother's Birthplace, Md

8. Full Name of Father, James P Jones

9. Father's Occupation, Mariner

10. Father's Birthplace, Md.

Name of Medical Attendant, or other Person who makes this Return. H. W. Webster M.D.

Address, 101 Barnet

Remarks,

, City Printers and Stationers.

RETURN OF A BIRTH.

82145

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, SEP 24 1885 BALTIMORE MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Seventh

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth Sept 22, 1885.

4. Place of Birth, (Street and Number) No. 520 Harford ave

5. Full Name of Mother, — Schaecher.

6. Mother's Maiden Name, — —

7. Mother's Birthplace, Germany.

8. Full Name of Father, Christian H. Schaecher.

9. Father's Occupation, Plumber

10. Father's Birthplace, Germany.

Name of Medical Attendant, or other Person who makes this Return. Aug. R. Clewell, Ph D

Address, 539 Harford avenue.

Remarks,

for each offence to be recovered as other fines and forfeitures are recoverable.

A Co., City Printers and Stationers.

82146

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT, SEP 26 1885 BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th

1. Sex (state whether Male or ~~Female~~)
2. Race or Color (if not of the white race)
3. Date of Birth September 23rd 1885
4. Place of Birth (Street and Number) 293 N Stricker
5. Full Name of Mother Margaret
6. Mother's Maiden Name Miller
7. Mother's Birthplace Balto
8. Full Name of Father Henry Siemers
9. Father's Occupation Patrones
10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. L Bittenwell M D

Address 258 Madison ave

Remarks

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

83147

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth 23 September 1885

4. Place of Birth, (Street and Number) 373 Orleans St

5. Full Name of Mother, Mary Hoffman

6. Mother's Maiden Name, Krafter

7. Mother's Birthplace, Balt. Md.

8. Full Name of Father, Philipp Hoffman

9. Father's Occupation, Tailor

10. Father's Birthplace, Balt. Md.

Name of Medical Attendant, or other Person who makes this Return. Mrs Rosa Ullig

Address, 48 Holland St

Remarks, Balt. Md

HEALTH DEPARTMENT, SEP 26 1885 BALTIMORE, MD.

Co., City Printers and Stationers.

82148

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th Child

1. *Sex, (state whether male or female)*
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* September the 23, 1885
4. *Place of Birth, (Street and Number)* Watson St. No 2.
5. *Full Name of Mother,* Christine Schneider
6. *Mother's Maiden Name,* Christine Steinmetz
7. *Mother's Birthplace,* Hartburg, K. Preussen, Germany
8. *Full Name of Father,* Maximilian Schneider
9. *Father's Occupation,* Tanner
10. *Father's Birthplace,* Dresden K. Sachsen Germany

Name of Medical Attendant, or other Person who makes this Return. Mary E. Müller

Address, 8 Dallas St. No 26.

Remarks,

HEALTH DEPARTMENT, SEP 26 1885 BALTIMORE, MD.

for each offence to be recovered as other fines and forfeitures are recoverable.

, City Printers and Stationers.

RETURN OF A BIRTH

82149

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT,
SEP 28 1885
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)*

3. *Date of Birth,* Sept 26 1885

4. *Place of Birth, (Street and Number)* 43 Bird st.

5. *Full Name of Mother,* Cristina Wilhelm

6. *Mother's Maiden Name,* Horstein

7. *Mother's Birthplace,* Germany.

8. *Full Name of Father,* Herman Wilhelm

9. *Father's Occupation,* Carpenter

10. *Father's Birthplace,* Germany.

Name of Medical Attendant, or other Person who makes this Return. J. Schwaser Midwife.

Address, 330 Hanover st

Remarks,

for each offence to be recovered as other fines and forfeitures are recovered.

, City Printers and Stationers.

RETURN OF A BIRTH

$2 150

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, SEP 28 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	23rd Day of September 1885
4. *Place of Birth, (Street and Number)*	Nr 99 N. Paca St-
5. *Full Name of Mother,*	Dora Langgood
6. *Mother's Maiden Name,*	" Knoop
7. *Mother's Birthplace,*	Baltimore Md.
8. *Full Name of Father,*	Ernest Langgood
9. *Father's Occupation,*	Barber
10. *Father's Birthplace,*	Saxony Germany
Name of Medical Attendant, or other Person who makes this Return.	Emil C. Bange
Address,	#421 Cross street
Remarks,	

for each offence to be recovered as other fines and forfeitures are recoverable.

Co., City Printers and Stationers.

82151

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, SEP 29 1885 BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6th

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth* 23 September
4. *Place of Birth, (Street and Number)* No 27 Ensor ste
5. *Full Name of Mother,* Kate Berger
6. *Mother's Maiden Name,* Kate Krause
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Frank Berger
9. *Father's Occupation,* Saloon keeper
10. *Father's Birthplace,* Buffalo. N. J.

Name of Medical Attendant, or other Person who makes this Return. Mrs Mannel (Midwife

Address, No 8 Pearl ste

Remarks,

for each offence to be recovered as other fines and forfeitures are recoverable.

Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
SEP 29 1885
BALTIMORE MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) September 1.

1. Sex, (state whether male or female) Female Child

2. Race or Color, (if not of the white race) Colored Child

3. Date of Birth, ~~Durham Street~~ (Sept 23 1885

4. Place of Birth, (Street and Number) Durham Stret No 86)

5. Full Name of Mother, Lewies Steward

6. Mother's Maiden Name, Lewis Teafus

7. Mother's Birthplace, Baltimore City maryland

8. Full Name of Father, Charls Teafus

9. Father's Occupation, ogstus shueker

10. Father's Birthplace, Cambridge m.d

Name of Medical Attendant, or other Person who makes this Return

Address, Darkey Tavern No 134 Chesnut street

Remarks,

any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

PRINTERS AND STATIONERS.

RETURN OF A BIRTH

8215

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

Frederick Henry Rommel

. of Child of Mother. (state whether 1st, 2d, 3d, &c.) First

Sex, (state whether male or female) Male

Race or Color, (if not of the white race) White

Date of Birth, September 24th 1885

Place of Birth, (Street and Number) 197½ S. Broadway

Full Name of Mother. Louisa Rommel

Mother's Maiden Name. Louisa Benscker

Mother's Birthplace, Hanover Germany

Full Name of Father. Fred. A. Rommel

Father's Occupation, Tobacconist

Father's Birthplace, Baltimore Maryland

Name of Medical Attendant, or other Person who makes this Return Dr. A. E. Gastrell, Jr.

Address, 207 S. Broadway.

Remarks,

HEALTH DEPARTMENT
SEP 25 1885
BALTIMORE MD.

RS AND STATIONERS

GIVEN NAME ADDED 2-24-56 82154

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Ellen Nolan

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth, September the 24 1885

4. Place of Birth, (Street and Number) 27 Stockton

5. Full Name of Mother, Hannah Nolan

6. Mother's Maiden Name, Hannah Addams

7. Mother's Birthplace, Canada

8. Full Name of Father, John Nolan

9. Father's Occupation, Stone Cutter

10. Father's Birthplace, Ireland

Name of Medical Attendant, or other Person who makes this Return. Irvine Mills

Address,

Remarks,

HEALTH DEPARTMENT SEP 26 1885 BALTIMORE, MD.

for each offence to be recovered as other fines and forfeitures are recoverable.

...o., City Printers and Stationers.

RETURN OF A BIRTH

82155

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT, SEP 26 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	7
Sex, (state whether male or female)	Female
Race or Color, (if not of the white race)	White
Date of Birth,	Sep 24
Place of Birth, (Street and Number)	No 30 Warner St
Full Name of Mother,	Sarah E Reed
Mother's Maiden Name,	" " Clark
Mother's Birthplace,	Balto Md
Full Name of Father,	Christian E Reed
Father's Occupation,	Brick Layer
Father's Birthplace,	Balto Md
Name of Medical Attendant, or other Person who makes this Return	Kate Cross
Address,	128 S Pappleton St
Remarks,	

...RS AND STATIONERS

RETURN OF A BIRTH,

82156

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT, SEP 26 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth Sept 24th 1885
4. Place of Birth, (Street and Number) 251 Lee St
5. Full Name of Mother Lillian Stoffregan.
6. Mother's Maiden Name Thomas
7. Mother's Birthplace Baltimore,
8. Full Name of Father Columbus J Stoffregan
9. Father's Occupation Clerk
10. Father's Birthplace Balto City

Name of Medical Attendant, or other Person who makes this Return. I H Carney

Address 176 S Paca St

Remarks

82157

RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT, SEP 26 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth Sept 24th 1885
4. Place of Birth, (Street and Number) 151 Conway St
5. Full Name of Mother Catharine Fastenhamer
6. Mother's Maiden Name Snyder,
7. Mother's Birthplace Balto City
8. Full Name of Father Francis X Fastenhamer
9. Father's Occupation Cigar Maker
10. Father's Birthplace Balto City

Name of Medical Attendant, or other Person who makes this Return. J H Currie

Address 76 Saca St

Remarks

82158

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, SEP 28 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5 [illegible]

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Sept 24 1885.
4. *Place of Birth, (Street and Number)* 60 Scharp st.
5. *Full Name of Mother,* Gusta Marks.
6. *Mother's Maiden Name,* Starkloff.
7. *Mother's Birthplace,* America.
8. *Full Name of Father,* William Marks
9. *Father's Occupation,* Cigar maker.
10. *Father's Birthplace,* America.

Name of Medical Attendant, or other Person who makes this Return. J. Lokwasser Midwife.

Address, 330 Hanover st.

Remarks,

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

o., City Printers and Stationers.

RETURN OF A BIRTH

82159

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT, SEP 28 1935 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
Sex, (state whether male or female)	Female
Race or Color, (if not of the white race)	White
Date of Birth,	24th of September
Place of Birth, (Street and Number)	Baltimore 1624 Getts Ave
Full Name of Mother,	Catherine A Byrne
Mother's Maiden Name,	Catherine A Byrne
Mother's Birthplace,	Dublin Ireland
Full Name of Father,	Miles M. Byrne
Father's Occupation,	Rectifier & Compounder of Liquor
Father's Birthplace,	Baltimore
Name of Medical Attendant, or other Person who makes this Return	Mrs E A White
Address,	#130 Harford Ave
Remarks,	

CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

8216a

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother. (*state whether 1st, 2d, 3d, &c.*) 2d.

1. *Sex,* (*state whether male or female*) Male

2. *Race or Color,* (*if not of the white race*) White

3. *Date of Birth,* Sept. 24/85

4. *Place of Birth,* (*Street and Number*) No. 700 Light St.

5. *Full Name of Mother,* Annie Woolmer.

6. *Mother's Maiden Name,* Stuard

7. *Mother's Birthplace,* Balto. Md.

8. *Full Name of Father,* John T. Woolmer.

9. *Father's Occupation,* Labor. Man.

10. *Father's Birthplace,* Balto. Md

Name of Medical Attendant, or other Person who makes this Return. Annie Gunn.

Address, 634 Light St.

Remarks,

HEALTH DEPARTMENT
SEP 29 1885
BALTIMORE, MD.

For each offence to be prosecuted as other fines and forfeitures are recovered.

, City Printers and Stationers.

RETURN OF A BIRTH.

82161

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) the 5th Child

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) Colored

3. Date of Birth 24 of septemr

4. Place of Birth, (Street and Number) 62 Eurch street

5. Full Name of Mother, Mary Cook

6. Mother's Maiden Name, Mary Sorrell

7. Mother's Birthplace, Colbert Conty md

8. Full Name of Father, Jones W. Cook

9. Father's Occupation, labrer man

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mally Gross

Address, 181 York street

Remarks,

HEALTH DEPARTMENT, SEP 30 1885 BALTIMORE, MD.

Co., City Printers and Stationers.

RETURN OF A BIRTH

82162

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, SEP 29 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Sept. 24th 1885.

4. Place of Birth, (Street and Number) Baltimore Lombard st. No.

5. Full Name of Mother, Annie Mantz

6. Mother's Maiden Name, Hardy.

7. Mother's Birthplace, Baltimore

8. Full Name of Father, William Mantz.

9. Father's Occupation, Fireman

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs. C. Mitchell

Address, No. 54 S. Schroder st.

Remarks,

for each offence to be recovered as other fines and forfeitures are recoverable.

o., City Printers and Stationers.

RETURN OF A BIRTH

82163

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT, SEP 26 1885 BALTIMORE, MD

1. No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth—
2. Sex, (state whether male or female) female—
3. Race or Color, (if not of the white race) White
4. Date of Birth, September 25th 1885
5. Place of Birth, (Street and Number) No 21 Peabody Street—
6. Full Name of Mother, Agnes Frost
7. Mother's Maiden Name, Agnes Hooper—
8. Mother's Birthplace, Baltimore City—
9. Full Name of Father, Thomas James Frost
10. Father's Occupation, Engineer—
11. Father's Birthplace, Baltimore City.
12. Name of Medical Attendant, or other Person who makes this Return. J. Russell Martenet MD
13. Address, Eutaw Avenue.
14. Remarks, This was a premature birth— about 26 weeks of gestation—

INTER & STATIONER, BALT.

RETURN OF A BIRTH

S 2 164

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
SEP 30 1885
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

Sex, (state whether male or female) female

Race or Color, (if not of the white race) Colord

Date of Birth, Sept 25, 1885

Place of Birth, (Street and Number) No 20 Sheilds alley

Full Name of Mother,

Mother's Maiden Name, Harryliza Richards

Mother's Birthplace, Baltimore Md

Full Name of Father, Ruben Dearing

Father's Occupation, Laborer

Father's Birthplace, City of New Orleans

Name of Medical Attendant, or other Person who makes this Return Darius Hudson

Address, 37 Walnut alley

Remarks,

CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH,

8265

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
SEP 26 1885
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Third
1. *Sex (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth*	Sept 26, 85
4. *Place of Birth, (Street and Number)*	11 Hopkins ave
5. *Full Name of Mother*	Rebecca Harman
6. *Mother's Maiden Name*	" Bond
7. *Mother's Birthplace*	Baltimore Md
8. *Full Name of Father*	Saml W. Harman
9. *Father's Occupation*	Merchant
10. *Father's Birthplace*	Baltimore Md
Name of Medical Attendant, or other Person who makes this Return	A. S. Watton M.D.
Address	202 W. Pomford St
Remarks	

82166

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
SEP 28 1935
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) Whit

3. Date of Birth, 26 of September 1885

4. Place of Birth, (Street and Number) № 41 Duncan Alle

5. Full Name of Mother, Anni King

6. Mother's Maiden Name, Anni Jürgens

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Charle King

9. Father's Occupation, Coper

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Mrs Ella Hill Midwife

Address, № 43 S. Castle Stret

Remarks, \ \ \ \ \ \

any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

PRINTERS AND STATIONERS.

RETURN OF A BIRTH

8216

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
SEP 28 1885
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5te
Sex, (state whether male or female)	Female White
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	26te of September 1885
4. *Place of Birth, (Street and Number)*	418 E. Fayette – Street
5. *Full Name of Mother,*	Louise Goldenreiter
6. *Mother's Maiden Name,*	Louise Stengel
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Charles Goldenreiter
9. *Father's Occupation,*	Printer
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other Person who makes this Return	Mrs Ed Hill Midwife
Address,	93 N. Castle Street.
Remarks,	

any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

PRINTERS AND STATIONERS.

82168

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3d Child

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth Sept 26th 1885 9 A.M.

4. Place of Birth, (Street and Number) N. E. Cor Saratoga & Selma Place

5. Full Name of Mother, Emallie C Rawlings

6. Mother's Maiden Name, Mollie C Mills

7. Mother's Birthplace, Baltimore md

8. Full Name of Father, Wm P. Rawlings

9. Father's Occupation, Roof & Shed Maker

10. Father's Birthplace, Baltimore md

Name of Medical Attendant, or other Person who makes this Return. C. H. Eaton M.D

Address,

Remarks,

HEALTH DEPARTMENT, SEP 28 1885 BALTIMORE

For each offence to be recovered as other fines and forfeitures are recovered.

Co., City Printers and Stationers.

RETURN OF A BIRTH

82169

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

1885

HEALTH DEPARTMENT SEP 28 1885 BALTIMORE MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2 [illegible]
Sex, (state whether male or female)	Male
Race or Color, (if not of the white race)	Colored
Date of Birth,	Sept 26
Place of Birth, (Street and Number)	198 N Bethel
Full Name of Mother,	Sarah E Derry
Mother's Maiden Name,	Sarah E Harris
Mother's Birthplace,	Anne Arundle Co
Full Name of Father,	Geo Derry
Father's Occupation,	Laborer
Father's Birthplace,	Baltimore
Name of Medical Attendant, or other Person who makes this Return	Daniel V Mayer MD
Address,	197 Aisquith St
Remarks,	City

CITY PRINTERS AND STATIONERS

NOTICE

The succeeding document was received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

82170

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, SEP 29 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third Child

Sex, (state whether male or female) Male

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* Sept 26th 1885

4. *Place of Birth, (Street and Number)* No 12 Mulberry st

5. *Full Name of Mother,* Margaret Bristen

6. *Mother's Maiden Name,* Margaret Allavell

7. *Mother's Birthplace,* Ireland

8. *Full Name of Father,* Frederick Bristen

9. *Father's Occupation,* Carpenter

Father's Birthplace, Switzerland

Name of Medical Attendant, or other Person who makes this Return Mrs Wooden

Address, No 120 Greenmount Ave

Remarks,

any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

PRINTERS AND STATIONERS.

82171

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT, SEP 30 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* Color
3. *Date of Birth,* 26
4. *Place of Birth, (Street and Number)* 45 Jefferson St
5. *Full Name of Mother,* mary l Stevens
6. *Mother's Maiden Name,* mary l dit
7. *Mother's Birthplace,* new town md
8. *Full Name of Father,* James Stevens
9. *Father's Occupation,* Brick maker
10. *Father's Birthplace,* pokemoke City

Name of Medical Attendant, or other Person who makes this Return

Address, H L Smith 100 Mulberry St

Remarks,

CITY PRINTERS AND STATIONERS.

82172

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, SEP 29 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Sept 26/85
4. *Place of Birth, (Street and Number)* 720 W. Pratt St
5. *Full Name of Mother,* Ida Drughaday
6. *Mother's Maiden Name,* Ida Hissey
7. *Mother's Birthplace,* Balto Md
8. *Full Name of Father,* William Drughaday
9. *Father's Occupation,* Mechanic
10. *Father's Birthplace,* Balto Md

Name of Medical Attendant, or other Person who makes this Return. J. L. Slimmer M.D.

Address, 41 N. Camp St

Remarks,

for each offence to be recovered as other fines and forfeitures are recoverable.

, City Printers and Stationers

Missing 82173

82174

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, SEP 30 1885 BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Child 1

1. *Sex, (state whether male or female)* Male.
2. *Race or Color, (if not of the white race)* Colord.
3. *Date of Birth* September 27.
4. *Place of Birth, (Street and Number)* 105 Welcome Alley
5. *Full Name of Mother,*
6. *Mother's Maiden Name,* Florence Parker.
7. *Mother's Birthplace,* Baltimore.
8. *Full Name of Father,*
9. *Father's Occupation,*
10. *Father's Birthplace,*

Name of Medical Attendant, or other Person who makes this Return. Hilley Gross

Address, 181 York Street.

Remarks,

for each offence to be recovered as other fines and forfeitures are recoverable.

& Co., City Printers and Stationers.

82175

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT, SEP 30 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth Sep: 29th '85
4. Place of Birth (Street and Number) 11 Argyle Ave. Balto: City
5. Full Name of Mother Dont Know
6. Mother's Maiden Name ~~Dont Know~~ Jordan:
7. Mother's Birthplace Baltimore Md
8. Full Name of Father Dont Know
9. Father's Occupation Dont Know
10. Father's Birthplace Dont Know

Name of Medical Attendant, or other Person who makes this Return. Hefl & Sorrell Md

Address 128 Madison St

Remarks

RETURN OF A BIRTH.

82176

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 7.

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White.
3. Date of Birth Sept. 27. 1885.
4. Place of Birth, (Street and Number) 70 York St.
5. Full Name of Mother, Margret Fahey.
6. Mother's Maiden Name, Farrell.
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Mark Fahey.
9. Father's Occupation, Laborer.
10. Father's Birthplace, Ireland.

Name of Medical Attendant, or other Person who makes this Return. Mrs. Scarborough.

Address, 220 Montgomery St.

Remarks,

HEALTH DEPARTMENT SEP 30 1885 BALTIMORE, MD.

for each offence to be recovered as other fines and forfeitures are recoverable.

A. Co., City Printers and Stationers.

NOTICE

The succeeding document was received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

RETURN OF A BIRTH.

82177

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT, SEP 30 1885 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Eleventh
1. *Sex (state whether male or female)*	Female
2. *Race or Color (if not of the white race)*	Colored
3. *Date of Birth*	27th September
4. *Place of Birth (Street and Number)*	76 Hanover Street
5. *Full Name of Mother*	Lizzie Brown
6. *Mother's Maiden Name*	Lizzie Stone
7. *Mother's Birthplace*	Talbot County
8. *Full Name of Father*	Joseph Brown
9. *Father's Occupation*	Brick Mason
10. *Father's Birthplace*	Talbot County
Name of Medical Attendant, or other Person who makes this Return.	Francis Gundry
Address	67 Leadenhall Street
Remarks	Living Well

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, SEP 28 1885 BALTIMORE MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	11 tes
Sex, (state whether male or female)	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	27 of September 1885.
4. *Place of Birth, (Street and Number)*	57. N. Castle – Steet
5. *Full Name of Mother,*	Susanna Lipper
6. *Mother's Maiden Name,*	Susanna Gribel
7. *Mother's Birthplace,*	Germany Germany
8. *Full Name of Father,*	Ludwig Lipper
9. *Father's Occupation,*	Cabinet Maker
Father's Birthplace,	Germany
Name of Medical Attendant, or other Person who makes this Return	Mrs Ida Hill Midwife
Address,	№ 43 N. Castle – Steet
Remarks,	

Any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

PRINTERS AND STATIONERS.

82179

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, SEP 30 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3
Sex, (state whether male or female)	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Sept. 27th/85
4. *Place of Birth, (Street and Number)*	145 W. Fayette St.
5. *Full Name of Mother,*	Mary T. Stoffel
6. *Mother's Maiden Name,*	Mary T. Drews
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Victor Stoffel
9. *Father's Occupation,*	Eng. Mus. Sec.
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other Person who makes this Return.	F. Jenkins
Address,	No. 2 Cathedral
Remarks,	

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

Co., City Printers and Stationers.

82180

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, SEP 29 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Sept 27th 1885
4. *Place of Birth, (Street and Number)* Cor' Ramsey & Parish Sts
5. *Full Name of Mother,* Francis Smith
6. *Mother's Maiden Name,* Francis Wenger
7. *Mother's Birthplace,* Balto Md
8. *Full Name of Father,* John Smith
9. *Father's Occupation,* Saloon Keeper
10. *Father's Birthplace,* Balto Md

Name of Medical Attendant, or other Person who makes this Return. J. H. Shinn M.D.

Address, 41 N. Carey St

Remarks,

for each offence to be recovered as other fines and forfeitures are recoverable.

..., City Printers and Stationers.

82181

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* Sept 27th 1885
4. *Place of Birth, (Street and Number)* No 727 S Hanover St
5. *Full Name of Mother,* Laura J Bloss
6. *Mother's Maiden Name,* Laura J Dinson
7. *Mother's Birthplace,* York - Co - Pa
8. *Full Name of Father,* John Bloss
9. *Father's Occupation,* Labourer
10. *Father's Birthplace,* Bolt city md

Name of Medical Attendant, or other Person who makes this Return. E. Hinton

Address, No 658 S Charles St

Remarks,

HEALTH DEPARTMENT, SEP 29 1885 BALTIMORE, MD.

report its birth to the Commissioner of Health, in the manner and within the period above required, and any other or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

& Co., City Printers and Stationers.

82182

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2 –
. Sex, (state whether male or female)	Male
. Race or Color, (if not of the white race)	Colored
. Date of Birth,	Sept 28
. Place of Birth, (Street and Number)	34 S McElderry
. Full Name of Mother,	Annie Diggs
. Mother's Maiden Name,	Annie Cornish
. Mother's Birthplace,	Balt
. Full Name of Father,	Geo Diggs
. Father's Occupation,	Carter
. Father's Birthplace,	Balt
Name of Medical Attendant, or other Person who makes this Return	Daniel V Moyer MD
Address,	192 Aisquith St
Remarks,	City

HEALTH DEPARTMENT SEP 29 1885 BALTIMORE, MD.

. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT, SEP 30 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	Colored
3. *Date of Birth,*	~~August~~ September 28th 1885
4. *Place of Birth, (Street and Number)*	89 Moores alley
5. *Full Name of Mother,*	Gussie Jenkins
6. *Mother's Maiden Name,*	Gussie Jenkins
7. *Mother's Birthplace,*	Pittsburg Pennsylvania
8. *Full Name of Father,*	Arthur Davis
9. *Father's Occupation,*	Coachman
10. *Father's Birthplace,*	Sandy Hill New york
Name of Medical Attendant, or other Person who makes this Return.	Charlotte Goldsborough
Address,	89 Moores alley
Remarks,	

PRINTER & STATIONER, BALT.

RETURN OF A BIRTH

82184

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT, SEP 30 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, 29

4. Place of Birth, (Street and Number) Eden 128 St

5. Full Name of Mother, Mallery Light

6. Mother's Maiden Name, Mallery Neilson

7. Mother's Birthplace, Aberdeen Harford Co Md

8. Full Name of Father, Isaiah Neilson

9. Father's Occupation, Seaman

10. Father's Birthplace, Aberdeen Harford Co Md

Name of Medical Attendant, or other Person who makes this Return

Address, H H Smith 100 Mulberry St

Remarks,

CO., CITY PRINTERS AND STATIONERS.

82185

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, SEP 30 1885 BALTIMORE, MD.

No. of Child of Mother, (~~state whether 1st, 2d, 3d, &c.~~) 5 d

1. Sex, (~~state whether~~ male ~~or female~~)
2. Race or Color, (~~if not of the~~ white race)
3. Date of Birth, September 29th/85.
4. Place of Birth, (Street and Number) 155. Edmonson Ave.
5. Full Name of Mother, Emma I. Sexton,
6. Mother's Maiden Name, Emma I. Fasbender,
7. Mother's Birthplace, Baltimore City,
8. Full Name of Father, Samuel B. Sexton Jr.
9. Father's Occupation, Manufacturer of Ranges Stoves &c
10. Father's Birthplace, Baltimore City,

Name of Medical Attendant, or other Person who makes this Return. John I. R. Stroyer Md.

Address, 273. Lexington St.

Remarks,

for each offence to be recovered as other fines and forfeitures are recoverable.

City Printers and Stationers.

NOTICE

The succeeding documents were received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, OCT 13 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race) White

3. Date of Birth, ~~Oct~~ Sept 30/85

4. Place of Birth, (Street and Number) N. 15 Fred Ave

5. Full Name of Mother, Nellie E. Spellhouse

6. Mother's Maiden Name, " " Cook

7. Mother's Birthplace, Balti Md

8. Full Name of Father, Louis A Spellhouse

9. Father's Occupation, Fred Merchant

10. Father's Birthplace, Balti Md

Name of Medical Attendant, or other Person who makes this Return. A. L. Spicer Mrs

Address, 387 W Lombard St

Remarks,

Any [illegible] to be prepared as other fines and forfeitures are recoverable.

82187

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, OCT 7 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

Sex, (state whether male or female) Male

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* Jany 12th

4. *Place of Birth, (Street and Number)* Cross & Chestnut Alley

5. *Full Name of Mother,* Malinda Lange

6. *Mother's Maiden Name,* " Heintze

7. *Mother's Birthplace,* City

8. *Full Name of Father,* Geo Lange

9. *Father's Occupation,* Box Maker

Father's Birthplace, City

Name of Medical Attendant, or other Person who makes this Return, J C Burch Md

Address, 151 Hanover St

Remarks,

In each office to be recovered as other fines and forfeitures are recoverable.

City Printers and Stationers.

RETURN OF A BIRTH

$2188

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
OCT 7 1885
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Sep 15 th

4. Place of Birth, (Street and Number) 225 Light

5. Full Name of Mother, Ellen Finn

6. Mother's Maiden Name, " Quinn

7. Mother's Birthplace, City

8. Full Name of Father, Patrick Finn

9. Father's Occupation, Laborer

Father's Birthplace, Ireland

Name of Medical Attendant, or other Person who makes this Return. L. C. Bruch M.D.

Address, 151 Hanover St

Remarks,

for each offence to be recovered as other fines and forfeitures are recoverable.

City, City Printers and Stationers.

82189

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, OCT 7 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

Sex, (state whether male or female) Male

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* Feby 1st

4. *Place of Birth, (Street and Number)* 294 Hanover St

5. *Full Name of Mother,* Catherine Lighthiser

6. *Mother's Maiden Name,* " Babb

7. *Mother's Birthplace,* City

8. *Full Name of Father,* Chas. Lighthiser

9. *Father's Occupation,* Clerk

Father's Birthplace, Norfolk

Name of Medical Attendant, or other Person who makes this Return. J. C. Burch MD

Address, 151 Hanover St

Remarks,

for each offence to be recovered as other fines and forfeitures are recoverable.

Co., City Printers and Stationers.

82190

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, OCT 7 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

Sex, (state whether male or female) Female

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* Feby 3rd

4. *Place of Birth, (Street and Number)* 168 Hanover St

5. *Full Name of Mother,* Eugenia Miller

6. *Mother's Maiden Name,* " Travers

7. *Mother's Birthplace,* City

8. *Full Name of Father,* L. F. Miller

9. *Father's Occupation,* Clerk

Father's Birthplace, Virginia

Name of Medical Attendant, or other Person who makes this Return. J. C. Bunch Md

Address, 151 Hanover St

Remarks,

for each offence to be recovered as other fines and forfeitures are recoverable.

Co., City Printers and Stationers.

RETURN OF A BIRTH

(over) 82191

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

John Albert Williams

1. *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 2d
2. *Sex, (state whether male or female)* male
3. *Race or Color, (if not of the white race)* white
4. *Date of Birth,* Oct 6th
5. *Place of Birth, (Street and Number)* No 112 Hughes St
6. *Full Name of Mother,* Annie V Williams
7. *Mother's Maiden Name,* " Coulter
8. *Mother's Birthplace,* City
9. *Full Name of Father,* Jas. Williams
10. *Father's Occupation,* Police Officer
11. *Father's Birthplace,* City
12. *Name of Medical Attendant,* or other Person who makes this Return. J. C. Burch M.D.
13. *Address,* 151 Stanton St
14. *Remarks,*

HEALTH DEPARTMENT
OCT 7 1885
BALTIMORE, MD.

for each offence to be recovered as other fines and forfeitures are recoverable.

Co., City Printers and Stationers.

RETURN OF A BIRTH

82192

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, OCT 7 1885 BALTIMORE, MD

1. *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1st
2. *Sex, (state whether male or female)* Male
3. *Race or Color, (if not of the white race)* White
4. *Date of Birth,* Feb 21.
5. *Place of Birth, (Street and Number)* No 71 S. Fremont
6. *Full Name of Mother,* Mary A. Barger
7. *Mother's Maiden Name,* " " Carroll
8. *Mother's Birthplace,* City
9. *Full Name of Father,* L. H. Barger
10. *Father's Occupation,* Glass blower
11. *Father's Birthplace,* City
12. *Name of Medical Attendant,* or other Person who makes this Return. J. C. Burch M.D
13. *Address,* 151 Hanover St
14. *Remarks,*

for each offence to be recovered as [illegible] fines and forfeitures are recoverable.

Co., City Printers and Stationers.

RETURN OF A BIRTH

8219 3

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, OCT 7 1885 BALTIMORE MD

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, March 8th

4. Place of Birth, (Street and Number) 43 Henrietta St

5. Full Name of Mother, Sarah Jenkins

6. Mother's Maiden Name, Gladden

7. Mother's Birthplace, Virginia

8. Full Name of Father, Tom L. Jenkins

9. Father's Occupation, Waterman

10. Father's Birthplace, Virginia

Name of Medical Attendant, or other Person who makes this Return. J C Bush MD

Address, 15 Hanover St

Remarks,

for each offence to be recovered as other fines and forfeitures are recoverable.

Co., City Printers and Stationers.

82194

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, OCT 7 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

Sex, (state whether male or female) Female

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* March 13th

4. *Place of Birth, (Street and Number)* 84 York St

5. *Full Name of Mother,* Bridget Ryan

6. *Mother's Maiden Name,* " Donnelly

7. *Mother's Birthplace,* City

8. *Full Name of Father,* J.P. Ryan

9. *Father's Occupation,* Horseshoer

10. *Father's Birthplace,* City

Name of Medical Attendant, or other Person who makes this Return. J.C. Burch M.D.

Address, 15 S Hanover St

Remarks,

for each offence to be recovered as other fines and forfeitures are recoverable.

Co., City Printers and Stationers.

RETURN OF A BIRTH

82195

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, OCT 7 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

Sex, (state whether male or female) Female

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* March 29

4. *Place of Birth, (Street and Number)* 73 Hamburg St

5. *Full Name of Mother,* Mary Williams

6. *Mother's Maiden Name,* " Fogler

7. *Mother's Birthplace,* City

8. *Full Name of Father,* Luke Williams

9. *Father's Occupation,* Engineer

10. *Father's Birthplace,* City

Name of Medical Attendant, or other Person who makes this Return. J. C. Burch MD

Address, 15 S Hanover St

Remarks,

for each offence to be recovered as other fines and forfeitures are recoverable.

Co., City Printers and Stationers.

RETURN OF A BIRTH

8196

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name Anne Elizabeth Forsyth ~~Olivia~~

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2d
Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	April 15 1885
4. Place of Birth, (Street and Number)	191 William St
5. Full Name of Mother,	Mary Forsyth
6. Mother's Maiden Name,	" Warfield
7. Mother's Birthplace,	Dorchester County
8. Full Name of Father,	John Forsyth
9. Father's Occupation,	Bricklayer
10. Father's Birthplace,	City
Name of Medical Attendant, or other Person who makes this Return.	J C Bunch MD
Address,	151 Hanover St
Remarks,	

HEALTH DEPARTMENT
OCT 7 1885
BALTIMORE MD

for each offence to be recovered as other fines and forfeitures are recoverable.

Co., City Printers and Stationers.

82197

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, OCT 7 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

Sex, (state whether male or female) Male

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* April 25th

4. *Place of Birth, (Street and Number)* 530 Cross St

5. *Full Name of Mother,* Mary Reesides

6. *Mother's Maiden Name,* " Pascal

7. *Mother's Birthplace,* City

8. *Full Name of Father,* Wm F. Reesides

9. *Father's Occupation,* Grocer

10. *Father's Birthplace,* City

Name of Medical Attendant, or other Person who makes this Return. J. C. Burch MD

Address, 151 Hanover St

Remarks,

for each offence to be recovered as other fines and forfeitures are recoverable.

Co., City Printers and Stationers.

82198

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
Sex, (state whether male or female)	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	May 14
4. *Place of Birth, (Street and Number)*	105 Conway St
5. *Full Name of Mother,*	Maggie Stengel
6. *Mother's Maiden Name,*	" Louis
7. *Mother's Birthplace.*	City
8. *Full Name of Father,*	John Stengel
9. *Father's Occupation,*	Upholsterer
10. *Father's Birthplace,*	City
Name of Medical Attendant, or other Person who makes this Return.	J C Burch MD
Address,	151 Hanover St
Remarks,	

HEALTH DEPARTMENT, OCT 7 1885 BALTIMORE, MD

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RETURN OF A BIRTH

82199

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 12th

Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, May 15 85

4. Place of Birth, (Street and Number) Somerset & St James

5. Full Name of Mother, Laura D. Gardner,

6. Mother's Maiden Name, L. D. Gordon

7. Mother's Birthplace, Richmond Va

8. Full Name of Father, Henry J. Gardner

9. Father's Occupation, Merchant.

Father's Birthplace, Falls, Md.

Name of Medical Attendant, or other Person who makes this Return. J. H. Robinson M.D.

Address, 75 1/2 Fremont Ave

Remarks,

HEALTH DEPARTMENT SEP 22 1885 BALTIMORE MD.

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st Girl

1. Sex, (state whether male or female) White

2. Race or Color, (if not of the white race)

3. Date of Birth, May 19 1885

4. Place of Birth, (Street and Number) 157 Fremont Ave

5. Full Name of Mother, Annie Mullen Burke

6. Mother's Maiden Name, Annie Mullen

7. Mother's Birthplace, Bollo City

8. Full Name of Father, M. F. Burke

9. Father's Occupation, Laborer,

10. Father's Birthplace, Ireland,

Name of Medical Attendant, or other Person who makes this Return. J. M. Robinson M.D.

Address, 35 S. Fremont Ave

Remarks,

HEALTH DEPARTMENT SEP 22 1885 BALTIMORE MD.

$2 200

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

A Co., City Printers and Stationers.

82201

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, OCT 7 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
Sex, (state whether male or female)	Male
2. *Race or Color, (if not of the white race)*	10th
3. *Date of Birth,*	May 26
4. *Place of Birth, (Street and Number)*	107 West St
5. *Full Name of Mother,*	Mary E. Leonard
6. *Mother's Maiden Name,*	" Berlan
7. *Mother's Birthplace,*	City
8. *Full Name of Father,*	Wm T. Leonard
9. *Father's Occupation,*	Labour
Father's Birthplace,	City
Name of Medical Attendant, or other Person who makes this Return.	J. C. Burch Sr D
Address,	151 Hanover St
Remarks,	

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

Co., City Printers and Stationers.

RETURN OF A BIRTH

82202

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, May 30 1885

4. Place of Birth, (Street and Number) 172 Hanover

5. Full Name of Mother, Katy Kernan

6. Mother's Maiden Name, Katy Hall

7. Mother's Birthplace, Balto City

8. Full Name of Father, Jno. Kernan

9. Father's Occupation, Politician

10. Father's Birthplace, Balto. City

Name of Medical Attendant, or other Person who makes this Return. J. H. Robinson

Address, 252 Greenmount Ave

Remarks,

HEALTH DEPARTMENT, SEP 22 1885 BALTIMORE, MD.

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

& Co., City Printers and Stationers.

8220 B

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th
Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	May 29 1885
4. Place of Birth, (Street and Number)	46 E Madison St
5. Full Name of Mother,	Annie Keenan
6. Mother's Maiden Name,	Annie McGovern
7. Mother's Birthplace,	Ireland
8. Full Name of Father,	Paul Keenan
9. Father's Occupation,	Junk Dealer
Father's Birthplace,	Ireland
Name of Medical Attendant, or other Person who makes this Return.	J. H. Robinson M.D.
Address,	25 S Greenmount Ave
Remarks,	

HEALTH DEPARTMENT
SEP 22 1885
BALTIMORE MD.

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

& Co., City Printers and Stationers.

RETURN OF A BIRTH

82204

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, OCT 7 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10th

Sex, (state whether male or female) Male

2. *Race or Color, (if not of the white race)* 10th

3. *Date of Birth,* June 6th

4. *Place of Birth, (Street and Number)* Eutaw & West sts

5. *Full Name of Mother,* Marion Heintze

6. *Mother's Maiden Name,* " Owens

7. *Mother's Birthplace,* City

8. *Full Name of Father,* Geo Heintze

9. *Father's Occupation,* Glassblower

Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return. J. C. Burch M D

Address, 151 Hanover St

Remarks,

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of the city, county, for each offence to be recovered as other fines and forfeitures are recoverable.

Co., City Printers and Stationers.

82205

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
OCT 7 1885
BALTIMORE, MD

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* June 11th
4. *Place of Birth, (Street and Number)* 302 Cross St
5. *Full Name of Mother,* Mary Weanert
6. *Mother's Maiden Name,* " Cunningham
7. *Mother's Birthplace,* City
8. *Full Name of Father,* Chas Weanert
9. *Father's Occupation,* Shoemaker
10. *Father's Birthplace,* City

Name of Medical Attendant, or other Person who makes this Return. J. C. Burch MD

Address, 154 Hanover St

Remarks,

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

& Co., City Printers and Stationers.

82206

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, OCT 18 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* [illegible]
3. *Date of Birth,* June 19th
4. *Place of Birth, (Street and Number)* Balto Yorke St
5. *Full Name of Mother,* [illegible] Lancaster
6. *Mother's Maiden Name,* Smith
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* G Lancaster
9. *Father's Occupation,* Baltimore
10. *Father's Birthplace,* Drawman

Name of Medical Attendant, or other Person who makes this Return. A Whilson

Address, 314 S Hanover St

Remarks, Fifth one

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

& Co., City Printers and Stationers.

RETURN OF A BIRTH

82207

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
OCT 7 1885
BALTIMORE, MD

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2d
Sex, (state whether male or female)	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	June 24th
4. *Place of Birth, (Street and Number)*	43 Henrietta
5. *Full Name of Mother,*	Sallie E. Jenkins
6. *Mother's Maiden Name,*	" Mears
7. *Mother's Birthplace,*	Virginia
8. *Full Name of Father,*	John W. Jenkins
9. *Father's Occupation,*	Laborer
Father's Birthplace,	Virginia
Name of Medical Attendant, or other Person who makes this Return.	J. O. Burch M.D.
Address,	151 Hanover St
Remarks,	

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

Co., City Printers and Stationers.

RETURN OF A BIRTH

82208

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3d
Sex, (state whether male or female)	Male
Race or Color, (if not of the white race)	White
Date of Birth,	June 25 85
Place of Birth, (Street and Number)	48 Hanford Ave
Full Name of Mother,	Lizzie Redman
Mother's Maiden Name,	" Callahan
Mother's Birthplace,	Balt City
Full Name of Father,	C. M. Redman
Father's Occupation,	Moulder
Father's Birthplace,	City Balt.
Name of Medical Attendant, or other Person who makes this Return.	J. H. Robinson M.D.
Address,	35 E Green's Ave
Remarks,	

HEALTH DEPARTMENT
SEP 22 1885
BALTIMORE, MD.

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

& Co., City Printers and Stationers.

RETURN OF A BIRTH

8209

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) August 30th 1885

Sex, (state whether male or female) Boy

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, Last day of June

4. Place of Birth, (Street and Number) 115 York St bet [illegible] & Charles

5. Full Name of Mother, Susan Willie

6. Mother's Maiden Name, Pocahontas city

7. Mother's Birthplace, Born in Pocahontas

8. Full Name of Father, Wm Willie

9. Father's Occupation, A Sailor

Father's Birthplace, Born in Baltimore

Name of Medical Attendant, or other Person who makes this Return. Margaret H. Gray

Address, 78 Wilcox Alley

Remarks,

HEALTH DEPARTMENT
SEP 17 1885
BALTIMORE, MD.

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

Co., City Printers and Stationers.

82210

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, SEP 15 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) the 10. Child

1. Sex, (state whether male or female) Girl.
2. Race or Color, (if not of the white race) white.
3. Date of Birth, Born the 3.th of July.
4. Place of Birth, (Street and Number) Born in Baltimore Scharp street 3.70
5. Full Name of Mother, Josephin Gottsleben
6. Mother's Maiden Name, Josephin Rieppberger.
7. Mother's Birthplace, Born in New York.
8. Full Name of Father, Joseph Gottsleben
9. Father's Occupation, Street paver.
10. Father's Birthplace, Folkemassen Curhessen.

Name of Medical Attendant, or other Person who makes this Return Aeryuste Bopin

Address, Hanover Hutt 835

Remarks,

within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

PRINTERS AND STATIONERS.

82211

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* C
3. *Date of Birth,* July 8th
4. *Place of Birth, (Street and Number)* Baltimore Howard
5. *Full Name of Mother,* L. Cole
6. *Mother's Maiden Name,* — —
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,*
9. *Father's Occupation,* G Cook
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. C Whitson

Address, 314 S Howard St

Remarks, Birth on

HEALTH DEPARTMENT, OCT 18 1885 BALTIMORE, MD.

Report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

& Co., City Printers and Stationers.

RETURN OF A BIRTH

82212

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
SEP 22 1885
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, July 8. 1885

4. Place of Birth, (Street and Number) 253 Park Ave.

5. Full Name of Mother, Vina Stuart

6. Mother's Maiden Name, " Osborne

7. Mother's Birthplace, Balto Md.

8. Full Name of Father, W. R. Stuart.

9. Father's Occupation, Druggist

10. Father's Birthplace, Balto. City

Name of Medical Attendant, or other Person who makes this Return. J. H. Robinson M.D.

Address, 25 Belmont Ave

Remarks,

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

Co., City Printers and Stationers.

8221 G

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2d

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth* July 18th 1886
4. *Place of Birth, (Street and Number)* 3 Perry Ct.
5. *Full Name of Mother,* Georgianna Brown
6. *Mother's Maiden Name,* Clayton
7. *Mother's Birthplace,* Balto Md.
8. *Full Name of Father,* Reuben R. Brown
9. *Father's Occupation,* Waiter
10. *Father's Birthplace,*

Name of Medical Attendant, or other Person who makes this Return. Hester Colance

Address, 39 E. Monument street

Remarks,

HEALTH DEPARTMENT, SEP 19 1885 BALTIMORE, MD.

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

...hy & Co., City Printers and Stationers.

RETURN OF A BIRTH

82214

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
SEP 22 1885
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, July 23 85

4. Place of Birth, (Street and Number) 29 Eden St

5. Full Name of Mother, Lizzie Wicke

6. Mother's Maiden Name, Smith

7. Mother's Birthplace, Germany

8. Full Name of Father, F. J. Wicke

9. Father's Occupation, ~~Europe~~ Barber

10. Father's Birthplace, Europe

Name of Medical Attendant, or other Person who makes this Return. J. H. Robinson

Address, 25 Fremont Ave

Remarks,

persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

A Co., City Printers and Stationers.

82215

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

Sex, (state whether male or female) Male

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* July 28

4. *Place of Birth, (Street and Number)* 121 West

5. *Full Name of Mother,* Sarah O'Hara

6. *Mother's Maiden Name,* " Corcoran

7. *Mother's Birthplace,* City

8. *Full Name of Father,* Jas. O'Hara

9. *Father's Occupation,* Iron molder

10. *Father's Birthplace,* City

Name of Medical Attendant, or other Person who makes this Return. J. C. Burch M.D.

Address, 151 Hanover St

Remarks,

HEALTH DEPARTMENT, OCT 7 1885 BALTIMORE, MD.

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

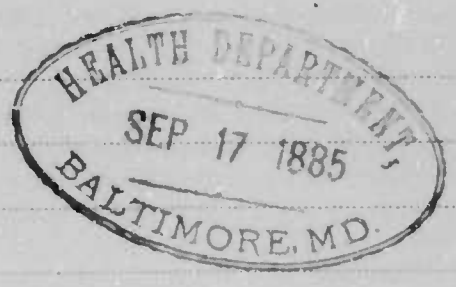
Co., City Printers and Stationers.

RETURN OF A BIRTH

§2216

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



No. Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, July 26th 1885

4. Place of Birth, (Street and Number) 1363 N Fremont

5. Full Name of Mother, Eliza Jane Hall

6. Mother's Maiden Name, " " Titus

7. Mother's Birthplace, Vermont

8. Full Name of Father, Frank N. Hall

9. Father's Occupation, Clerk

10. Father's Birthplace, Mass.

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

& CO., CITY PRINTERS AND STATIONERS

12217

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First child.

1. Sex, (state whether male or female) Female, white.
2. Race or Color, (if not of the white race) White.
3. Date of Birth, 28th July.
4. Place of Birth, (Street and Number) Baltimore 248 Hanover St.
5. Full Name of Mother, Amelia Potts.
6. Mother's Maiden Name, Amelia Schramm.
7. Mother's Birthplace, Baltimore.
8. Full Name of Father, George Potts.
9. Father's Occupation, Pitcher.
10. Father's Birthplace, Baltimore.

Name of Medical Attendant, or other Person who makes this Return Bosley

Address, 335 Hanover St.

Remarks,

HEALTH DEPARTMENT, SEP 15 1885 BALTIMORE, MD.

within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

PRINTERS AND STATIONERS.

RETURN OF A BIRTH

83218

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
SEP 23 1927
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Second
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	July the 30
4. Place of Birth, (Street and Number)	25 Wolf St
5. Full Name of Mother,	Martha Ellen Moore
6. Mother's Maiden Name,	Martha Ellen Hauff
7. Mother's Birthplace,	Virginia
8. Full Name of Father,	Laurence A Moore
9. Father's Occupation,	Shoe Maker
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other Person who makes this Return	G. F. Gaylor M.D.
Address,	234 N. Broadway
Remarks,	

PRINTERS AND STATIONERS

RETURN OF A BIRTH

82219

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, SEP 15 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth, July 31st

4. Place of Birth, (Street and Number) 184 Hamburg St.

5. Full Name of Mother, Sophia Seiffert

6. Mother's Maiden Name, Sophia Heitmann

7. Mother's Birthplace, City

8. Full Name of Father, Henry Seifert

9. Father's Occupation, Cigar Mfg. Master

10. Father's Birthplace, City

Name of Medical Attendant, or other Person who makes this Return Miss. Bosien

Address, 335 Hanover St.

Remarks;

within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

PRINTERS AND STATIONERS.

82220

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, SEP 22 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Aug. 1, 85
4. *Place of Birth, (Street and Number)* 23 Peabody St.
5. *Full Name of Mother,* Jr Eliz. Ulrich
6. *Mother's Maiden Name,* " Price
7. *Mother's Birthplace,* Balto Md.
8. *Full Name of Father,* Jno Ulrich
9. *Father's Occupation,* Baker
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return. J. H. Robinson M.D.

Address, 25½ Greenmt Ave

Remarks,

Report his birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

& Co., City Printers and Stationers.

82221

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, SEP 15 1885 BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 7 birth

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth* 9 August. Duhamst, No 21
4. *Place of Birth, (Street and Number)* L
5. *Full Name of Mother,* Mari Hubschman
6. *Mother's Maiden Name,* " " Pechman
7. *Mother's Birthplace,* Baltimor
8. *Full Name of Father,* Georg Hubschman
9. *Father's Occupation,* Tailor
10. *Father's Birthplace,* Weichelsofe Baiern-Gemen

Name of Medical Attendant, or other Person who makes this Return.

Address, Mark Maurer

Remarks, Market Space. No 15.

reports its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

...hy & Co., City Printers and Stationers.

82222

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT, OCT 13 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Tuesday Aug. 11th. 85
4. *Place of Birth, (Street and Number)*	193 Greent. Ave
5. *Full Name of Mother,*	Talitha Kanoski
6. *Mother's Maiden Name,*	Talitha Lidie
7. *Mother's Birthplace,*	Frederick Co. Md.
8. *Full Name of Father,*	J. Charles Kanoski
9. *Father's Occupation,*	N. C. R. R. Employee
10. *Father's Birthplace,*	Reading Pa
Name of Medical Attendant, or other Person who makes this Return	Wilmer Brinton M.D.
Address,	Chase St & Forrest Place
Remarks,	

PRINTERS AND STATIONERS

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
OCT 9 1885
BALTIMORE MD

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st child
1. *Sex, (state whether male or female)*	male
2. *Race or Color, (if not of the white race)*	colored
3. *Date of Birth*	12 August 1885
4. *Place of Birth, (Street and Number)*	No 11 woodyear st City
5. *Full Name of Mother,*	Lucy Murdock
6. *Mother's Maiden Name,*	
7. *Mother's Birthplace,*	Howard co Md
8. *Full Name of Father,*	Edward Dotson
9. *Father's Occupation,*	driver
10. *Father's Birthplace,*	Audrel Co Md
Name of Medical Attendant, or other Person who makes this Return.	Mary Le Gones
Address,	5-44 Saratoga st
Remarks,	City

Persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

y & Co., City Printers and Stationers.

RETURN OF A BIRTH

82 2214

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT, SEP 29 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5 & 6
1. Sex, (state whether male or female)	both girls
2. Race or Color, (if not of the white race)	Colored
3. Date of Birth,	Aug 12 1885
4. Place of Birth, (Street and Number)	3 Lambert st
5. Full Name of Mother,	Angie Bevans
6. Mother's Maiden Name,	&
7. Mother's Birthplace,	&
8. Full Name of Father.	Alfred Bevans
9. Father's Occupation,	Stock Carrier
10. Father's Birthplace,	&
Name of Medical Attendant, or other Person who makes this Return	D R. Winslow
Address,	
Remarks,	

...Y & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
SEP 18 1885
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Second
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	13 August
4. *Place of Birth, (Street and Number)*	483 E Chase St
5. *Full Name of Mother,*	Martha J Mills
6. *Mother's Maiden Name,*	Martha J Crawford
7. *Mother's Birthplace,*	Baltimore City
8. *Full Name of Father,*	Thomas J Mills
9. *Father's Occupation,*	Captain
10. *Father's Birthplace,*	Dorchester
Name of Medical Attendant, or other Person who makes this Return	Mrs Glasco
Address,	Medley St extended
Remarks,	

within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

PRINTERS AND STATIONERS.

82226

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT, SEP 23 1885 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3d
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	14 Aug. 1885
4. *Place of Birth, (Street and Number)*	41 Munroe st.
5. *Full Name of Mother,*	Maggie D. Zipp
6. *Mother's Maiden Name,*	Galloway
7. *Mother's Birthplace,*	Ohio
8. *Full Name of Father,*	John A. Zipp
9. *Father's Occupation,*	Machinist
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other Person who makes this Return	John L. Hood
Address,	594 W. Fayette
Remarks,	Time Cable

...TERS AND STATIONERS

NOTICE

The succeeding documents were received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

82227

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, OCT 3 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* August 16th 1885
4. *Place of Birth, (Street and Number)* Baltimore City, Woodert 21 St
5. *Full Name of Mother,* Alice Schnors
6. *Mother's Maiden Name,* Alice Vollbrner
7. *Mother's Birthplace,* Germaney
8. *Full Name of Father,* Herman Vollbrner
9. *Father's Occupation,* Piano Maker
10. *Father's Birthplace,* Germaney

Name of Medical Attendant, or other Person who makes this Return. Miss M. Shaffer

Address, 373 Hermburg St

Remarks,

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

Co., City Printers and Stationers.

RETURN OF A BIRTH

82228

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT, SEP 30 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	Colard
3. *Date of Birth,*	16 August
4. *Place of Birth, (Street and Number)*	74 Chestnut alley Balto City
5. *Full Name of Mother,*	Hamet Campbell.
6. *Mother's Maiden Name,*	Hamet Fennell
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	David Campbell
9. *Father's Occupation,*	Porter Hagerstown Md
10. *Father's Birthplace,*	
Name of Medical Attendant, or other Person who makes this Return.	Charlotte Goldberg
Address,	99 Moore alley
Remarks,	Balto City

, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH

82229

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
SEP 23 19[illegible]
BALTIMORE MD

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. *Sex,* (state whether male or female)	male
2. *Race or Color,* (if not of the white race)	white
3. *Date of Birth,*	16 Aug. 1885
4. *Place of Birth,* (Street and Number)	395 Lakvale st.
5. *Full Name of Mother,*	Margie W. White
6. *Mother's Maiden Name,*	Chance
7. *Mother's Birthplace,*	Virginia
8. *Full Name of Father,*	Robt. G. White
9. *Father's Occupation,*	Carpenter
10. *Father's Birthplace,*	Virginia
Name of Medical Attendant, or other Person who makes this Return	John Hood
Address,	594 W. Fayette
Remarks,	Twin [illegible]

PRINTERS AND STATIONERS

RETURN OF A BIRTH

52230

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
SEP 17 1885
BALTIMORE MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8 Heady

1. [redacted] *(state whether male or female)* Male

2. *Race or Color, (if not of the white race)* Colored

3. *Date of Birth,* 17 day August

4. *Place of Birth, (Street and Number)* 201 Clarkson Alley

5. *Full Name of Mother,* Alice Boyer

6. *Mother's Maiden Name,* Brown

7. *Mother's Birthplace,* Somerset Co

8. *Full Name of Father,* Geo. M. Boyer

9. *Father's Occupation,* Laborer

10. *Father's Birthplace,* Washington D.C.

Name of Medical Attendant, or other Person who makes this Return Caroline Moore

Address, 50 Race St

Remarks,

PRINTERS AND STATIONERS

RETURN OF A BIRTH

82231

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
OCT 13 1885
BALTIMORE, MD.

No. of Child of Mother. (*state whether* 1*st*, 2*d*, 3*d*, *&c.*)	1st.
1. [redacted] (*state whether male or female*)	Boy
2. *Race or Color*, (*if not of the white race*)	White
3. *Date of Birth*,	Tuesday August 11th 85.
4. *Place of Birth*, (*Street and Number*)	314 Eighth St
5. *Full Name of Mother*,	Sarah Walter
6. *Mother's Maiden Name*,	" Lewis
7. *Mother's Birthplace*,	Balto. Md.
8. *Full Name of Father*,	Albert Walter
9. *Father's Occupation*,	Cigar Maker
10. *Father's Birthplace*,	York. Pa.
[redacted] *Name of Medical Attendant*, or other Person who makes this Return	Wilmer Brinton. M.D.
Address,	Chas St. & Forrest Place.
Remarks,	

PRINTERS AND STATIONERS

RETURN OF A BIRTH

82232

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, OCT 3 1885, BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) first

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race)

3. Date of Birth, August 17th 1885

4. Place of Birth, (Street and Number) Baltimore Co. 35 and Albert St

5. Full Name of Mother, Mary Denison

6. Mother's Maiden Name, Mary Blumline

7. Mother's Birthplace, Baltimore City

8. Full Name of Father, Isaac Denison

9. Father's Occupation, Paper Box Cutter

10. Father's Birthplace, Phila. Pa.

Name of Medical Attendant, or other Person who makes this Return. Wm M. Shaffer

Address, 313 Hamburg St

Remarks,

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH

~~82233~~ 82233

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT, SEP 23 1885 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. [illegible], *(state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	17 Aug. 1885
4. *Place of Birth, (Street and Number)*	6 S Calhoun
5. *Full Name of Mother,*	Anne M. Carr
6. *Mother's Maiden Name,*	Roberts
7. *Mother's Birthplace,*	Balt
8. *Full Name of Father,*	Roseby W. B. Carr
9. *Father's Occupation,*	Clerk
10. *Father's Birthplace,*	Balt
Name of Medical Attendant, or other Person who makes this Return	John Hood
Address,	594 W. Fayette
Remarks,	very large babe

PRINTERS AND STATIONERS

RETURN OF A BIRTH

82134

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

HEALTH DEPARTMENT
OCT 1 1885
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 ch
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Black
3. Date of Birth, Aug 18th 1885
4. Place of Birth, (Street and Number) 375 Hanford Ave
5. Full Name of Mother, Martha Ayers
6. Mother's Maiden Name, Jackson
7. Mother's Birthplace, Balto Md
8. Full Name of Father, Simond Ayers
9. Father's Occupation, Wagon driver
10. Father's Birthplace, Balto Md
Name of Medical Attendant, or other Person who makes this Return Dr. B. Billingslea
Address, 228 E. Preston st
Remarks,

PRINTERS AND STATIONERS

NOTICE

The succeeding documents were received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

GIVEN NAME ADDED 7-27-55

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

George Harrison Rumney

HEALTH DEPARTMENT
OCT 3 1885
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, August 19, 1885

4. Place of Birth, (Street and Number) Baltimore City No 12 Saint Peter, St

5. Full Name of Mother, Virginia Rumney

6. Mother's Maiden Name, Virginia Wigey

7. Mother's Birthplace, Baltimore City

8. Full Name of Father, Robert Rumney

9. Father's Occupation, Engineer

10. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other Person who makes this Return. Wm. H. Steffe

Address, No 318 Hamburg St

Remarks,

Report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall neglect or fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

& Co., City Printers and Stationers.

82236

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, OCT 2 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* August 19th
4. *Place of Birth, (Street and Number)* 244 Lemmon st
5. *Full Name of Mother,* Sophia A Yockel
6. *Mother's Maiden Name,* " " Wilkens
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* John A Yockel
9. *Father's Occupation,* Frame Ornamentor
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs Anna Dunnler

Address, 60 North Schroeder Street Baltimore

Remarks,

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

& Co., City Printers and Stationers

RETURN OF A BIRTH

82237

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
OCT 13 1885
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st.
1. [redacted], *(state whether male or female)*	Boy
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Thursday Aug 20th 85
4. *Place of Birth, (Street and Number)*	208 Clifton Place
5. *Full Name of Mother,*	Alice Holmes
6. *Mother's Maiden Name,*	Alice Deets.
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Robt. Holmes
9. *Father's Occupation,*	Silver Smith
10. *Father's Birthplace,*	Connecticut
[redacted] *Name of Medical Attendant,* or other Person who makes this Return	Wilmer Bimton M.D.
Address,	Chas St & Forest Place
Remarks,	

PRINTERS AND STATIONERS

RETURN OF A BIRTH

82238

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
OCT 5 1885
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) brown skin
3. Date of Birth, William Th Wilkins August 21 1885
4. Place of Birth, (Street and Number) Plum alley No 26
5. Full Name of Mother, Sarah E Wilkins
6. Mother's Maiden Name, Sarah E Brown
7. Mother's Birthplace, Baltimore M D.
8. Full Name of Father, Elijah Wilkins
9. Father's Occupation, Brick yard
10. Father's Birthplace, Baltimore M D.

Name of Medical Attendant, or other Person who makes this Return Annie Thornton

Address, Plum No 1 a 3

Remarks,

PRINTERS AND STATIONERS

D2239

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, SEP 15 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	10.
1. Sex, (state whether male or female)	Boy
2. Race or Color, (if not of the white race)	Martaher
3. Date of Birth,	White
4. Place of Birth, (Street and Number)	22 August 1885
5. Full Name of Mother,	Light St N. 645.
6. Mother's Maiden Name,	Dorathea Auguste Selters
7. Mother's Birthplace,	Dorathea Auguste Meyer
8. Full Name of Father,	Celle, Provinz Hannover,
9. Father's Occupation,	Friedrich Wilhelm Ferdinand Selters
10. Father's Birthplace,	Cigarrenfabrikter
Name of Medical Attendant, or other Person who makes this Return	Braunschweig, Herzogthum Braunschweig
Address,	Boisin
Remarks,	Hannover St N. 335.

duty of the parent or parents of such child to report its birth to the Board of Health, in the manner and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

Y PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

83240

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Aug 22
4. *Place of Birth, (Street and Number)* 220 Wan[illegible]
5. *Full Name of Mother,* Mary Hundemark
6. *Mother's Maiden Name,* Smith
7. *Mother's Birthplace,* Philadelphia
8. *Full Name of Father,* Fred Hundemark
9. *Father's Occupation,* Glass Blower
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return. J C Buck M D

Address, 151 Hanover St

Remarks,

HEALTH DEPARTMENT
OCT 7 1885
BALTIMORE MD

& Co., City Printers and Stationers.

RETURN OF A BIRTH

82241

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT OCT 5 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Lone

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* August 23rd 1885
4. *Place of Birth, (Street and Number)* 54 Penna ave
5. *Full Name of Mother,* Lizzie Letmate
6. *Mother's Maiden Name,* Lizzie Girwick
7. *Mother's Birthplace,* Balto Md
8. *Full Name of Father,* Fredrick Letmate
9. *Father's Occupation,* Tinner
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other Person who makes this Return. Mrs A Messing

Address, 404 Penna ave

Remarks,

be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

y & Co., City Printers and Stationers.

Missing 82242 - 82260, incl.

NOTICE

The succeeding documents were received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

8336

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, SEP 15 1885 BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2 birth
1. Sex, (state whether male or female)	female
2. Race or Color, (if not of the white race)	white
3. Date of Birth	31 August
4. Place of Birth, (Street and Number)	Wolf St. No 128
5. Full Name of Mother,	Luise Hammer
6. Mother's Maiden Name,	" " Lohneider
7. Mother's Birthplace,	Baltimor
8. Full Name of Father,	John Hammel
9. Father's Occupation,	
10. Father's Birthplace,	Baltimor
Name of Medical Attendant, or other Person who makes this Return.	
Address,	Mrs. Mauser
Remarks,	Market Space No 15

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRT

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, SEP 14 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 13

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. ~~Date~~ Place of Birth, 130 Park St
4. ~~Place of~~ Date Birth, (~~Street and Number~~) 31st Aug
5. Full Name of Mother, Elizabeth Perkins
6. Mother's Maiden Name, Elizabeth Taylor
7. Mother's Birthplace, Snow Hill Md
8. Full Name of Father, Perry Perkins
9. Father's Occupation, Waiter
10. Father's Birthplace, Chestertown Md

Name of Medical Attendant, or other Person who makes this Return. Jane Woodland

Address, 16 Bruce St

Remarks,

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

, City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
SEP 17 1885
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th
1. *Sex, (state whether male or female)*	male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Aug 31
4. *Place of Birth, (Street and Number)*	132 Saratoga
5. *Full Name of Mother,*	Mrs. Catherine Jendrek
6. *Mother's Maiden Name,*	" Pittroff
7. *Mother's Birthplace,*	Balto. Md.
8. *Full Name of Father,*	Chas. E. Jendrek
9. *Father's Occupation,*	Saloon Keeper
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other Person who makes this Return.	T. Chew. W. Worthington M.D.
Address,	#373 W. Fayette St.
Remarks,	

PRINTER & STATIONER BALT.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

83264

HEALTH DEPARTMENT
OCT 1 1895
BALTIMORE MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	
3. Date of Birth,	Aug 31st 1895
4. Place of Birth, (Street and Number)	25 Hanson Road
5. Full Name of Mother,	Mary E. Grace
6. Mother's Maiden Name,	Kinzer
7. Mother's Birthplace,	Balto Md
8. Full Name of Father,	John Grace
9. Father's Occupation,	Machinist
10. Father's Birthplace,	Balto Md
Name of Medical Attendant, or other Person who makes this Return.	W. B. Billingslea
Address,	228 E. Preston St
Remarks,	

Report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

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82265

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
OCT 5 1885
BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* August 31st
4. *Place of Birth, (Street and Number)* 119 Washington ave
5. *Full Name of Mother,* Margarethe Dolde
6. *Mother's Maiden Name,* " Schulze
7. *Mother's Birthplace,* Balto.
8. *Full Name of Father,* John Dolde
9. *Father's Occupation,* Machinist
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return. C. L. Buddenbohn M.D.

Address, 166 S. Paca st.

Remarks,

...or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH.

82266

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Jennie Annie Wagner th

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 10 th

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth Aug. 31 1935

4. Place of Birth, (Street and Number) #156 Spring St.

5. Full Name of Mother, Barbara Wagner

6. Mother's Maiden Name, " Arndt

7. Mother's Birthplace, Germany

8. Full Name of Father, Charles Wagner

9. Father's Occupation, Salesman

10. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other Person who makes this Return. Mrs. Hanna Stillquist

Address, #152 E. Monument St.

Remarks, GIVEN NAME ADDED 1-26-54 A.M.

HEALTH DEPARTMENT SEP 28 1935 BALTIMORE, MD.

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH

82367

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	1st of October
4. *Place of Birth, (Street and Number)*	1263 S. Ann St
5. *Full Name of Mother,*	Lizzie Haney
6. *Mother's Maiden Name,*	L. Foltz
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Oscar Haney
9. *Father's Occupation,*	Clerk
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Sarah Cooper
Address,	72 E. Lombard St.
Remarks,	

HEALTH DEPARTMENT
OCT 16 1885
BALTIMORE MD

be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

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82268

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, OCT 14 1885 BALTIMORE MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth Oct. 1st 85
4. Place of Birth, (Street and Number) # 10 ~~Clemens St.~~ Clement St
5. Full Name of Mother, Louise Seip
6. Mother's Maiden Name, " Konrad
7. Mother's Birthplace, Balto.
8. Full Name of Father, Chas. Seip
9. Father's Occupation, Carpenter
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other Person who makes this Return. Mary Kroh

Address, # 328 S. Eutaw St

Remarks,

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

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82269

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Oct. 1st, 1885

4. Place of Birth, (Street and Number) Maternité, 161 W. Lombard St.

5. Full Name of Mother, Lou Nelson

6. Mother's Maiden Name, Do

7. Mother's Birthplace, Va

8. Full Name of Father, —

9. Father's Occupation, —

10. Father's Birthplace, —

Name of Medical Attendant, or other Person who makes this Return. William S. Gardner M.D.

Address, Maternité

Remarks,

HEALTH DEPARTMENT, OCT 2 1885 BALTIMORE, MD

birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH

82270

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
OCT 2 1885
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Oct 1st, 1885

4. Place of Birth, (Street and Number) Maternite, 161 N. Lombard St

5. Full Name of Mother, Josey Güdert

6. Mother's Maiden Name, Do

7. Mother's Birthplace, Germany

8. Full Name of Father, —

9. Father's Occupation, —

10. Father's Birthplace, —

Name of Medical Attendant, or other Person who makes this Return. William S. Gardner

Address,

Remarks,

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

Co., City Printers and Stationers.

82271

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Oct 1 1885
4. *Place of Birth, (Street and Number)* 174 Dallas St
5. *Full Name of Mother,* Kate Rezek
6. *Mother's Maiden Name,* Kate Reeter
7. *Mother's Birthplace,* Bohemia
8. *Full Name of Father,* Jos Rezek
9. *Father's Occupation,* Tailor
10. *Father's Birthplace,* Bohemia

Name of Medical Attendant, or other Person who makes this Return. Mary Koptish

Address, 69 N Washington st

Remarks,

HEALTH DEPARTMENT, OCT 2 1885 BALTIMORE MD.

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

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82272

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, OCT 3 1885 BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* Oct 1st
4. *Place of Birth, (Street and Number)* No 50 S Bond St
5. *Full Name of Mother,* Mrs Mary Bandell
6. *Mother's Maiden Name,* " " Loskins
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Jefferson Bandell
9. *Father's Occupation,* Shoemaker
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs Goetzke

Address, No 55 S. Bond St

Remarks,

...report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

...y & Co., City Printers and Stationers.

RETURN OF A BIRTH

82273

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, OCT 12 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex, (state whether male or female)*
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Oct 1st 1885
4. *Place of Birth, (Street and Number)* # 37 S Carey St
5. *Full Name of Mother,* Maggie Goodhart
6. *Mother's Maiden Name,* " Johnson
7. *Mother's Birthplace,* Balto Co Md
8. *Full Name of Father,* Geo. W. Goodhart
9. *Father's Occupation,* Printer
10. *Father's Birthplace,* Balto Md

Name of Medical Attendant, or other Person who makes this Return. J. L. Speaker

Address, 387 W. Lombard St.

Remarks,

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

82274

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, OCT 5 1885 BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* 1st October
4. *Place of Birth, (Street and Number)* No. 242 Whilliam St
5. *Full Name of Mother,* Mary Maorman
6. *Mother's Maiden Name,* Mary Scherder
7. *Mother's Birthplace,* Hanover
8. *Full Name of Father,* John Scherder
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Hanover

Name of Medical Attendant, or other Person who makes this Return. Sabina Greshaber

Address, No. 128 West St

Remarks,

...y & Co., City Printers and Stationers.

...or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

82275

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
OCT 6 1885
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Fifth

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth October 1 1885
4. Place of Birth (Street and Number) 84 Mosher St
5. Full Name of Mother Elizabeth Warfield
6. Mother's Maiden Name " Matthews
7. Mother's Birthplace Ohio
8. Full Name of Father James L. Warfield
9. Father's Occupation Police Officer
10. Father's Birthplace Maryland

Name of Medical Attendant, or other Person who makes this Return. C. Fawcett M.D.

Address 92 Mosher St

Remarks

RETURN OF A BIRTH

8227 6

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
OCT 12 1885
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) white

3. Date of Birth, October 1st 1885

4. Place of Birth, (Street and Number) 343 Jefferson st

5. Full Name of Mother, Lucy Helen Adelia McClelland

6. Mother's Maiden Name, " " " McComas

7. Mother's Birthplace, Friendship Anne Arundel Co. Md.

8. Full Name of Father, Isaac Alexander McClelland

9. Father's Occupation, Tailor

10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other Person who makes this Return Dr. L. Dausch

Address, 325 E. Baltimore st.

Remarks,

CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

82277

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
OCT 12 1885
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	female
2. *Race or Color, (if not of the white race)*	white
3. *Date of Birth,*	1st of October 1885
4. *Place of Birth, (Street and Number)*	151 S. Charles Street
5. *Full Name of Mother,*	Louise Caroline Siebert
6. *Mother's Maiden Name,*	Louise Caroline Fischer
7. *Mother's Birthplace,*	Noerdingen . Wirtenberg
8. *Full Name of Father,*	Christian Siebert
9. *Father's Occupation,*	Restaurant
10. *Father's Birthplace,*	Oberworthity . Hapian Germany
Name of Medical Attendant, or other Person who makes this Return.	Dr F Reinhard
Address,	211 N Howard Street
Remarks,	

be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

& Co., City Printers and Stationers.

RETURN OF A BIRTH

8 2 2 7 8

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT, OCT 9 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Oct 1 / 85
4. *Place of Birth, (Street and Number)*	N. W. Cor. Patterson Ave & Calhoun St
5. *Full Name of Mother,*	Ida Parker —
6. *Mother's Maiden Name,*	" Horn.
7. *Mother's Birthplace,*	Balto.
8. *Full Name of Father,*	C. D. Parker
9. *Father's Occupation,*	Tobacconist
10. *Father's Birthplace,*	Balto.
Name of Medical Attendant, or other Person who makes this Return.	Thomas Obie M. D.
Address,	179 N. Howard St.
Remarks,	

PRINTER & STATIONER, BALT.

RETURN OF A BIRTH

82279

To the Office of Registrar of Vital Statistics. Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
OCT 9 1885
BALTIMORE MD

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st & 3rd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, October 1st 1885
4. Place of Birth, (Street and Number) No 20 Abbys Alley
5. Full Name of Mother, Lizzie Erwin
6. Mother's Maiden Name, Lizzie Lew
7. Mother's Birthplace, Baltimore
8. Full Name of Father, William Erwin
9. Father's Occupation, Laborer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Catharine Hornung

Address, No 18 Byrd st

Remarks,

ANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

82280

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Oct 2nd

4. Place of Birth, (Street and Number) S.W. Cor. Edmondson Ave. & Schroeder St.

5. Full Name of Mother, Mrs. H. F. Hill

6. Mother's Maiden Name, Maria Stine

7. Mother's Birthplace, Balto City

8. Full Name of Father, H. F. Hill

9. Father's Occupation, Physician

10. Father's Birthplace, Ala.

Name of Medical Attendant, or other Person who makes this Return. Office of H. F. Hill, M. D.

Address, S.W. Cor. Edmondson Ave. & Schroeder St.

Remarks,

HEALTH DEPARTMENT, OCT 19 1885 BALTIMORE, MD.

OFFICE OF H. F. HILL, M. D., EDMONDSON AVE. & SCHROEDER ST. BALTIMORE, MD.

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

c., City Printers and Stationers.

82281

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, OCT 4 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* October 2nd 1885
4. *Place of Birth, (Street and Number)* 103 N. Stricker St
5. *Full Name of Mother,* Mary Vansant
6. *Mother's Maiden Name,* " Conly
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Charles Vansant
9. *Father's Occupation,* Labour
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Theodore Cooke M.D.

Address, 146 Hanover St

Remarks,

Report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

Co., City Printers and Stationers.

NOTICE

The succeeding document was received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

82282

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, OCT 2 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Oct 2 1885
4. *Place of Birth, (Street and Number)* 221 Bethel
5. *Full Name of Mother,* Mary Zelenka
6. *Mother's Maiden Name,* Mary Benda
7. *Mother's Birthplace,* Bohemia
8. *Full Name of Father,* Andrew Zelenka
9. *Father's Occupation,* Tailor
10. *Father's Birthplace,* Bohemia

Name of Medical Attendant, or other Person who makes this Return. Mary Kleptish

Address, 69 N Washington St

Remarks,

Report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

Co., City Printers and Stationers.

RETURN OF A BIRTH

82283

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
OCT 3 1885
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd Child

Sex, (state whether male or female) Girl

2. Race or Color, (if not of the white race) White

3. Date of Birth, 2nd of October 1885

4. Place of Birth, (Street and Number) No 3 North Washington street.

5. Full Name of Mother, Mary Theresia Kirch

6. Mother's Maiden Name, Mary Theresia Sneider

7. Mother's Birthplace, Germany

8. Full Name of Father, Nicklas Sneider

9. Father's Occupation, Laborman.

Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return. Crescintia Kunkel

Address, 71 North Chapel street per Justina Kunkel

Remarks, Healthy.

for each offence to be recovered as other fines and forfeitures are recoverable.

..., City Printers and Stationers.

82284

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, OCT 4 1885 BALTIMORE, MD

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

Sex, (state whether male or female) Male

2. ~~*Race or Color*~~, *(if not of the white race)* White

3. *Date of Birth,* Oct. 2. 1885.

4. *Place of Birth, (Street and Number)* 743 West Pratt St.

5. *Full Name of Mother,* Lillian Virginia Allen

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,* Baltimore

8. *Full Name of Father,* Alex. Allen

9. *Father's Occupation,* Insurance Agent

10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. V. L. Horwood M.D.

Address, 435 W. Fayette St.

Remarks,

for each offence to be recovered as other fines and forfeitures are recoverable.

..., City Printers and Stationers.

82285

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, OCT 5 1885 BALTIMORE MD

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) 2 of October 1885
3. Date of Birth White
4. Place of Birth, (Street and Number) No. 235 Cross St
5. Full Name of Mother, Agnes Owing
6. Mother's Maiden Name, Agnes Norton
7. Mother's Birthplace, Baltimore
8. Full Name of Father, John Owing
9. Father's Occupation, Tinner
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. Sabing Greshake

Address, No. 28 West St

Remarks,

for each offence to be recovered as other fines and forfeitures are recoverable.

& Co., City Printers and Stationers.

82286

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Wh
3. Date of Birth, Oct 2nd 1885
4. Place of Birth, (Street and Number) S. E. Cor Pratt & Bethel Sts
5. Full Name of Mother, Katie Wehr Beall
6. Mother's Maiden Name, Wehr
7. Mother's Birthplace, Balto.
8. Full Name of Father, Wm. F. Beall
9. Father's Occupation, Fireman
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other Person who makes this Return. J. B. Britton MD

Address, 51 S. Broadway

Remarks,

HEALTH DEPARTMENT
OCT 6 1885
BALTIMORE

82287

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, OCT 10 1885 BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) [illegible]

Sex, (state whether male or female) Female

2. *Race or Color, (if not of the white race)* White race

3. *Date of Birth* 2 of October 1885

4. *Place of Birth, (Street and Number)* 34 Knox alley.

5. *Full Name of Mother,* Kade Meyer.

6. *Mother's Maiden Name,* Kade Strakalyahn

7. *Mother's Birthplace,* Hanover Germany.

8. *Full Name of Father,* Charles F. Meyer.

9. *Father's Occupation,* Tailor.

10. *Father's Birthplace,* Rodinghausan Germany.

Name of Medical Attendant, or other Person who makes this Return. Susan Hunter

Address, 21 No Poppelton St

Remarks,

for each offence to be recovered as other fines and forfeitures are recoverable.

& Co., City Printers and Stationers.

RETURN OF A BIRTH

82288

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth, October 2nd 1885

4. Place of Birth, (Street and Number) 87 Pine St

5. Full Name of Mother, Julia Valley

6. Mother's Maiden Name, Julia Hays

7. Mother's Birthplace, Ireland

8. Full Name of Father, James Doyle

9. Father's Occupation, Blacksmith

10. Father's Birthplace, Ireland

Name of Medical Attendant, or other Person who makes this Return. Geo. B. Reynolds

Address, 171 N. Calvert St

Remarks,

HEALTH DEPARTMENT
OCT 9 1885
BALTIMORE

be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

y & Co., City Printers and Stationers.

82289

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
OCT 6 1885
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Oct 2th 1885
4. Place of Birth, (Street and Number) 487 N. Gay St
5. Full Name of Mother, Emma Franke
6. Mother's Maiden Name, Emma Beyer
7. Mother's Birthplace, Balto.
8. Full Name of Father, Christian Franke
9. Father's Occupation, Dry goods & Notions Store
10. Father's Birthplace, Allendorf bei Saltzgoden Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs Groom

Address, 466 N Gay St

Remarks,

for each offence to be recovered as other fines and forfeitures are recoverable.

Co., City Printers and Stationers.

82290

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, OCT 18 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* C
3. *Date of Birth,* Oct 3 1885
4. *Place of Birth, (Street and Number)*
5. *Full Name of Mother,* E Gaines
6. *Mother's Maiden Name,* E Smith
7. *Mother's Birthplace,* Washington
8. *Full Name of Father,* J Smith
9. *Father's Occupation,* Labore
10. *Father's Birthplace,* Washington

Name of Medical Attendant, or other Person who makes this Return. A Willson

Address, 314 S Howard St

Remarks, Lebcon

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

& Co., City Printers and Stationers.

82291

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 3rd of October
4. *Place of Birth, (Street and Number)* 41 Eastern Ave.
5. *Full Name of Mother,* Annie Brown
6. *Mother's Maiden Name,* A. Balendony
7. *Mother's Birthplace,* Italy
8. *Full Name of Father,* Dominick Brown
9. *Father's Occupation,* Musician
10. *Father's Birthplace,* Italy

Name of Medical Attendant, or other Person who makes this Return. Sarah Casper

Address, 72 E. Lombard St.

Remarks,

HEALTH DEPARTMENT, OCT 16 1885 BALTIMORE, MD.

...of persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

...o., City Printers and Stationers.

RETURN OF A BIRTH

82292

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

HEALTH DEPARTMENT
OCT 16 1885
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	3rd of October
4. *Place of Birth, (Street and Number)*	43 Lombard St.
5. *Full Name of Mother,*	Lizzie Hackman
6. *Mother's Maiden Name,*	L. Patere
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	William Hackman
9. *Father's Occupation,*	Carpenter
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other Person who makes this Return.	Sarah Casper
Address,	72 E. Lombard St.
Remarks,	

& Co., City Printers and Stationers.

RETURN OF A BIRTH

82293

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT, OCT 13 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, 3

4. Place of Birth, (Street and Number) Dallas st. 149.

5. Full Name of Mother, Mary Ellen ~~Burton~~ Winston

6. Mother's Maiden Name, Mary Ellen Burton.

7. Mother's Birthplace, Baltimore

8. Full Name of Father, William Randolph Winston

9. Father's Occupation, Dealer in Oysters

10. Father's Birthplace, Virginia

Name of Medical Attendant, or other Person who makes this Return X

Address, H. H. Smith 1100 N. Eden st

Remarks,

CITY PRINTERS AND STATIONERS

82294

RETURN OF A BIRTH.

Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, OCT 5 1885 BALTIMORE, MD.

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth 3 of October 1885
4. Place of Birth, (Street and Number) No. 146 Johnson St
5. Full Name of Mother, Lizzie Barrett
6. Mother's Maiden Name, Lizzie Rolby
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Joseph Barrett
9. Father's Occupation, Laborer
10. Father's Birthplace, Ireland
Name of Medical Attendant, or other Person who makes this Return. Sabina Freshaker
Address, No. 28 West St
Remarks,

report its birth to the Commissioner of Health, in the manner and within the period above re
or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected
for each offence to be recovered as other fines and forfeitures are recoverable.

...hy & Co., City Printers and Stationers.

CORRECTION

The preceding document has been re-photographed to assure legibility and its image appears immediately hereafter.

82294

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, OCT 5 1885 BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth 27 October 1885
4. Place of Birth, (Street and Number) No. 196 Johnson St
5. Full Name of Mother, Lizzie Barrett
6. Mother's Maiden Name, Lizzie Rolby
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Joseph ~~[illegible]~~ Barrett
9. Father's Occupation, Laborer
10. Father's Birthplace, Ireland

Name of Medical Attendant, or other Person who makes this Return. Sabina Greshaber

Address, No. 28 West St

Remarks,

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

...ny & Co., City Printers and Stationers.

12295

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
OCT 5 1885
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

Sex, (state whether male or female) Male

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth.* Oct 3d

4. *Place of Birth, (Street and Number)* Chase St & N RR over Lange's coal office

5. *Full Name of Mother,* Elmer Elizabeth Thomas

6. *Mother's Maiden Name,* Howard

7. *Mother's Birthplace,* Balto

8. *Full Name of Father,* William Henry Thomas

9. *Father's Occupation,* Laborer

Father's Birthplace, Matthews Co Va

Name of Medical Attendant, or other Person who makes this Return J. B. Schwattea MD

Address, Cor Bway & Barnes

Remarks,

any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

PRINTERS AND STATIONERS.

RETURN OF A BIRTH,

82596

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
OCT 5 1885
BALTIMORE MD

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st.
1. *Sex (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth*	Oct. 3/85.
4. *Place of Birth, (Street and Number)*	28 Hainmount Av.
5. *Full Name of Mother*	Louise Behrens
6. *Mother's Maiden Name*	Rogue
7. *Mother's Birthplace*	Baltimore Md.
8. *Full Name of Father*	John Behrens
9. *Father's Occupation*	Real Estate & Collection Agent
10. *Father's Birthplace*	Baltimore Md
Name of Medical Attendant, or other Person who makes this Return.	N. R. Fetterhoff M.D.
Address	227 Madison Ave.
Remarks	

RETURN OF A BIRTH

32297

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Within the period above required, except in the case of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recovered.

HEALTH DEPARTMENT, OCT 9 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 C

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Oct 3 1885

4. Place of Birth, (Street and Number) 154 Division St

5. Full Name of Mother, Kate Horn

6. Mother's Maiden Name, Kate Clark

7. Mother's Birthplace, Md

8. Full Name of Father, Francis Horn

9. Father's Occupation, Sugar broker

10. Father's Birthplace, Md

Name of Medical Attendant, or other Person who makes this Return A B Fuller MD

Address,

Remarks,

PRINTERS AND STATIONERS.

RETURN OF A BIRTH

82298

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
OCT 8 1885
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th
Sex, (state whether male or female)	Female
Race or Color, (if not of the white race)	White
Date of Birth,	october 3 1885
Place of Birth, (Street and Number)	No 80 Hamburg st
Full Name of Mother,	kate Frost
Mother's Maiden Name,	kate Hess
Mother's Birthplace,	Baltimore
Full Name of Father,	Albert Frost
Father's Occupation,	Stone cutter
Father's Birthplace,	Baltimore
Name of Medical Attendant, or other Person who makes this Return	Mary E Anderson
Address,	No 10 Abys Aly
Remarks,	

...RS AND STATIONERS

82299

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, OCT 8 1885 BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* 3 [illegible] of October
4. *Place of Birth, (Street and Number)* 1044, corn. Eastern ave and Berks
5. *Full Name of Mother,* Lizzy Laurnce.
6. *Mother's Maiden Name,* Lizzy Ulrich.
7. *Mother's Birthplace,* Baltimore.
8. *Full Name of Father,* John Laurnce
9. *Father's Occupation,* Ice Driver
10. *Father's Birthplace,* Baltimore
11. *Name of Medical Attendant,* or other Person who makes this Return. Mrs E Tergy

Address, 193 South Chester st

Remarks, Healthy child

For each offence to be recovered as other fines and forfeitures are recoverable.

Co., City Printers and Stationers.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
OCT 6 1885
BALTIMORE MD

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	One Child
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	Colored Race
3. *Date of Birth*	Oct 3 1885
4. *Place of Birth, (Street and Number)*	No 7 Bazard Court
5. *Full Name of Mother,*	Rachel Lowry
6. *Mother's Maiden Name,*	Rachel Sherret
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Isac Lowry
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Lucinda Woolford
Address,	130 Register St
Remarks,	

for each offence to be recovered as other fines and forfeitures are recoverable.

A Co., City Printers and Stationers.

82-301

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
OCT 7 1885
BALTIMORE MD

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st Child

Sex, (state whether male or female) Boy

2. Race or Color, (if not of the white race) White

3. Date of Birth, 3rd of October 1885.

4. Place of Birth, (Street and Number) 28 Fairmount Ave.

5. Full Name of Mother, Louisa Ruck.

6. Mother's Maiden Name, Louisa Bernes.

7. Mother's Birthplace, Baltimore.

8. Full Name of Father, John Bernes.

9. Father's Occupation, Conveneer.

10. Father's Birthplace, Baltimore.

Name of Medical Attendant, or other Person who makes this Return. Crescintia Kunkel.

Address, 71 North Chapel street per Justina Kunkel.

Remarks, Healthy.

for each offence to be recovered as other fines and forfeitures are recoverable.

, City Printers and Stationers.

RETURN OF A BIRTH

82302

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

Sex, (state whether male or female) Female

Race or Color, (if not of the white race) Colored

Date of Birth, Oct 3. 1885.

Place of Birth, (Street and Number) 140 Montgomery St.

Full Name of Mother, Emma Chandler

Mother's Maiden Name, Tuckington

Mother's Birthplace, Accomac Co. Va.

Full Name of Father, Frank Chandler

Father's Occupation, Works in brick yard

Father's Birthplace, Accomac Co. Va.

Name of Medical Attendant, or other Person who makes this Return Wm Scarbrough

Address, 22 Montgomery St

Remarks,

HEALTH DEPARTMENT
OCT 7 1885
BALTIMORE, MD

ERS AND STATIONERS

82303

RETURN OF A BIRTH

Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, OCT 18 1885 BALTIMORE, MD

ild of Mother, (state whether 1st, 2d, 3d, &c.)

te wh[illegible]er male or female) Male

Color, (if not of the white race) C

Birth, Oct 4

Birth, (Street and Number) Baltimore 214 Warren St

me of Mother, A Leevie

Maiden Name, — —

Birthplace, Balto

ne of Father, George Leevie

Occupation, Drayman

Birth[illegible]ce, Balto

Medical Attendant, or other Person who makes this Return. A Wilson

314 S Howard St

The Parish

RETURN OF A BIRTH

82304

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	4th of October
4. *Place of Birth, (Street and Number)*	27 Canal St.
5. *Full Name of Mother,*	Mary Garetty
6. *Mother's Maiden Name,*	M. McClean
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Patrick Garetty
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	Ireland
Name of Medical Attendant, or other Person who makes this Return.	Sarah Casper
Address,	72 E. Lombard St.
Remarks,	

HEALTH DEPARTMENT
OCT 16 1885
BALTIMORE, MD.

for each offence to be recovered as other fines and forfeitures are recoverable.

, City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

13305

HEALTH DEPARTMENT
OCT 16 1885
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	4th of October
4. *Place of Birth, (Street and Number)*	13 Pratt St
5. *Full Name of Mother,*	Mary Collinge
6. *Mother's Maiden Name,*	M. Wilky
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Antoine Collinge
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Sarah Casper
Address,	72 E. Lombard St.
Remarks,	

for each offence to be recovered as other fines and forfeitures are recoverable.

, City Printers and Stationers.

NOTICE

The succeeding document was received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

82306

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, OCT 14 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth. Oct 4 1885
4. Place of Birth, (Street and Number) 88 ann st
5. Full Name of Mother, Lizzie Beth Weetly
6. Mother's Maiden Name, Lizzie Beth Christy
7. Mother's Birthplace, John H Weetly Harford Co
8. Full Name of Father, Labor
9. Father's Occupation,
10. Father's Birthplace, Dorchester County

Name of Medical Attendant, or other Person who makes this Return Susan Morgan

Address, 47 N Durham st

Remarks, Doctor please to excuse me for being behind time I was sick and couldn't find to it

any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

82307

To the Office of Registrar of Vital Statistics, Board of ~~Health~~,

BALTIMORE CITY.

HEALTH DEPARTMENT, OCT 4 1885 BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st C[illegible]
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	
4. Place of Birth (Street and Number)	Charles St
5. Full Name of Mother	Mary Matten
6. Mother's Maiden Name	Mary Matten
7. Mother's Birthplace	New Orleans La
8. Full Name of Father	
9. Father's Occupation	
10. Father's Birthplace	
Name of Medical Attendant, or other Person who makes this Return.	O. A. Cooke M D
Address	110 Fort ave
Remarks	

12308

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
OCT 14 1885
BALTIMORE MD

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Oct. 4/85

4. Place of Birth, (Street and Number) 25 Perry St

5. Full Name of Mother, Lena Goldberg

6. Mother's Maiden Name, Lena Lazerz.

7. Mother's Birthplace, Russa

8. Full Name of Father, Izral Goldberg

9. Father's Occupation, Peddler

10. Father's Birthplace, Russa

Name of Medical Attendant, or other Person who makes this Return Abr. R. Goldsmith

Address, 87 Sharp Street

Remarks,

any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

...INTERS AND STATIONERS.

CERTIFICATE CORRECTED 8-16-50 82309

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, OCT 5 1885 BALTIMORE, MD.

Name: Mabel Frost Akehurst

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 8

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth Sept. 28th (~~4th October~~) 1885
4. Place of Birth, (Street and Number) No. 236 William St
5. Full Name of Mother, Eliza Jane (Lizzie) (~~Akhurst~~) Akehurst
6. Mother's Maiden Name, " " (Lizzie) Girkisk
7. Mother's Birthplace, Baltimore
8. Full Name of Father, John (~~Akhurst~~) Akehurst
9. Father's Occupation, Engineer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. Sabina Greshaber

Address, No. 28 West St

Remarks,

for each offence to be recovered as other fines and forfeitures are recoverable.

& Co., City Printers and Stationers.

82310

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, October ~~September~~ 7 1885
4. Place of Birth, (Street and Number) Tonsend St.
5. Full Name of Mother, Kate Mäyers
6. Mother's Maiden Name, Kate Sunlicter
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Herman Mäyers
9. Father's Occupation, Labour
10. Father's Birthplace, Germena
11. Name of Medical Attendant, or other Person who makes this Return. Mrs Margart Ettel
12. Address, N 13 Cuba St.
13. Remarks, Lowest Point

HEALTH DEPARTMENT, OCT 11 1885 BALTIMORE, MD

If persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

Co., City Printers and Stationers.

RETURN OF A BIRTH

82311

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
OCT 11 1885
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, Oct 11 1885

4. Place of Birth, (Street and Number) 9 S Bath

5. Full Name of Mother, annie lloyd

6. Mother's Maiden Name, annie grant

7. Mother's Birthplace, Stanton va

8. Full Name of Father, Stephen lloyd

9. Father's Occupation, Labor

10. Father's Birthplace, Talbot co

Name of Medical Attendant, or other Person who makes this Return Mrs Charity Jones

Address, 79 grace alley

Remarks,

CITY PRINTERS AND STATIONERS

82312

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of Child: Louise Wilhelmina Hebner

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd Child

Sex, (state whether ~~male or~~ female)

2. Race or Color, (if not of the white race) White

3. Date of Birth, October the 4, 1885

4. Place of Birth, (Street and Number) Jefferson St. No. 282

5. Full Name of Mother, Minnie (Hübner) Hebner

6. Mother's Maiden Name, Minnie Pfitsch

7. Mother's Birthplace, Balto. City

8. Full Name of Father, Georg (Hübner) Hebner

9. Father's Occupation, Clerk

10. Father's Birthplace, Balto. City

Name of Medical Attendant, or other Person who makes this Return. Harry E. Müller

Address, N. Dallas St. No. 26

Remarks,

HEALTH DEPARTMENT OCT 11 1885 BALTIMORE MD

for each offence to be recovered as other fines and forfeitures are recoverable.

..., City Printers and Stationers.

82313

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT, OCT 10 1885 BALTIMORE MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

Sex, (state whether male or female) Female

Race or Color, (if not of the white race) White

Date of Birth, Oct 4th 8½ A.M.

Place of Birth, (Street and Number) 589 West Lombard St

Full Name of Mother, Rose Beckett Stewart Gaylor

Mother's Maiden Name,

Mother's Birthplace, Baltimore

Full Name of Father, Frank McFarland Stewart

Father's Occupation, Merchant

Father's Birthplace, Livermore Pa

Name of Medical Attendant, or other Person who makes this Return. E. R. Price M.D.

Address, 192 N. Carey st

Remarks,

TER & STATIONER, BALT.

82314

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, OCT 10 1885 BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth October 4th 1885
4. Place of Birth, (Street and Number) Pirce St. 240
5. Full Name of Mother, Matilda Stump
6. Mother's Maiden Name, Matilda Hindle
7. Mother's Birthplace, Baltimore
8. Full Name of Father, John L Stump
9. Father's Occupation, Plaster
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. Susan Hunter

Address, 21 No Pappelton St

Remarks,

Co., City Printers and Stationers.

RETURN OF A BIRTH.

83315

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
OCT 9 1885
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	Colored
3. Date of Birth	Oct 4/85
4. Place of Birth (Street and Number)	No 1 Gravel alley
5. Full Name of Mother	Charlotte Gough
6. Mother's Maiden Name	" Boulder
7. Mother's Birthplace	St Mary's Co Md
8. Full Name of Father	Alexander Gough
9. Father's Occupation	Drayman
10. Father's Birthplace	St Mary's Co Md
Name of Medical Attendant, or other Person who makes this Return.	Thos J Worrell MD
Address	127 St Paul St
Remarks	

RETURN OF A BIRTH.

82316

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, OCT 9 1885 BALTIMORE MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Fourth
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth*	October 4. 1885.
4. *Place of Birth, (Street and Number)*	143 E. Pratt Street
5. *Full Name of Mother,*	Mary Ciffic
6. *Mother's Maiden Name,*	Mary Mad
7. *Mother's Birthplace,*	Russia.
8. *Full Name of Father,*	Neiman Ciffcic
9. *Father's Occupation,*	Pedlar.
10. *Father's Birthplace,*	Russia.
Name of Medical Attendant, or other Person who makes this Return.	Rebeccha Kaplow
Address,	No. 6 Roach Alley
Remarks,	

for each offence to be recovered as other fines and forfeitures are recoverable.

A Co., City Printers and Stationers.

RETURN OF A BIRTH.

82317

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, OCT 9 1885 BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Third
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth*	Oct. 4th 1885
4. *Place of Birth, (Street and Number)*	No. 6. Lombard St.
5. *Full Name of Mother,*	Rifka Maggid
6. *Mother's Maiden Name,*	Rifka Silver
7. *Mother's Birthplace,*	Russia
8. *Full Name of Father,*	Moses Maggid
9. *Father's Occupation,*	Pedler
10. *Father's Birthplace,*	Russia
Name of Medical Attendant, or other Person who makes this Return.	Rebecka Kaplan
Address,	6. Rock alley
Remarks,	

for each offence to be recovered as other fines and forfeitures are recoverable.

Co., City Printers and Stationers.

82318

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
OCT 8 1885
BALTIMORE MD

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Oct 4th 1885
4. Place of Birth, (Street and Number) Fort Ave near Johnson st
5. Full Name of Mother, Carrie Walker
6. Mother's Maiden Name, Carrie Forsyth
7. Mother's Birthplace, Baltimore city md
8. Full Name of Father, James Walker
9. Father's Occupation, Glass Blower
10. Father's Birthplace, Baltimore city md

Name of Medical Attendant, or other Person who makes this Return. E. Hinton

Address, No 658 S Charles st

Remarks,

Reports shall be made to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

& Co., City Printers and Stationers.

RETURN OF A BIRTH

82319

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 2d. Jan 1885
4. *Place of Birth, (Street and Number)* 398 E Chase St
5. *Full Name of Mother,* Philipina Koobler
6. *Mother's Maiden Name* " Kuhn
7. *Mother's Birthplace,* Hanover Germany
8. *Full Name of Father,* Leonhard Koobler
9. *Father's Occupation,* Baker
10. *Father's Birthplace,* Birene Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs Gronny

Address, 466 N Gay St

Remarks,

for each offence to be recovered as other fines and forfeitures are recoverable.

...o., City Printers and Stationers.

82320

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	White
3. Date of Birth	Oct 4
4. Place of Birth, (Street and Number)	93 N. Gay
5. Full Name of Mother,	Kate Balla
6. Mother's Maiden Name,	" Witzel
7. Mother's Birthplace,	~~Joseph Balla~~ Balto
8. Full Name of Father,	Joseph Balla
9. Father's Occupation,	Blacksmith
10. Father's Birthplace,	Germany
Name of Medical Attendant, or other Person who makes this Return.	D. Street M.D.
Address,	143 N. Eutaw St.
Remarks,	

HEALTH DEPARTMENT
OCT 7 1885
BALTIMORE, MD

for each omission to be provided as other lines and forfeitures are recoverable.

Co., City Printers and Stationers.

82321

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT, OCT 7 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Second
1. *Sex (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Oct 4th 1885
4. *Place of Birth, (Street and Number)*	104 Hair St
5. *Full Name of Mother,*	Catherine
6. *Mother's Maiden Name,*	Eberhardt
7. *Mother's Birthplace,*	Maryland
8. *Full Name of Father,*	John Froelick
9. *Father's Occupation,*	Can Maker
10. *Father's Birthplace.*	Germany
Name of Medical Attendant. or other Person who makes this Return	E. J. Wilmoney MD
Address,	5 Ellwood St.
Remarks,	

INTERS AND STATIONERS

82332

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st.

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth Oct. 5. 1885

4. Place of Birth, (Street and Number) 283 Orleans St.

5. Full Name of Mother, Mrs. Hannie Bell Hedges Luckle

6. Mother's Maiden Name, " " Medinger

7. Mother's Birthplace, Balt. Md.

8. Full Name of Father, Ferdinand William Henry Luckle

9. Father's Occupation, Commercial Lowrist

10. Father's Birthplace, Hanover Germany

Name of Medical Attendant, or other Person who makes this Return. G. C. Luck M. D.

Address, 322 E. Balt. St.

Remarks, Forceps delivery

HEALTH DEPARTMENT
OCT 18 1885
BALTIMORE, MD.

Co., City Printers and Stationers.

82,323

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
OCT 15 1885
BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex (state whether Male or Female)* Male

2. *Race or Color (if not of the white race)* White

3. *Date of Birth* 5th October 1885

4. *Place of Birth (Street and Number)* No. 9 E. Arlington Ave

5. *Full Name of Mother* Sallie Upshur Maddox

6. *Mother's Maiden Name* Sallie Upshur Ballard

7. *Mother's Birthplace* Somerset Co. Md.

8. *Full Name of Father* Joseph Maddox

9. *Father's Occupation* Dep. Warden Md. Penitentiary

10. *Father's Birthplace* Somerset Co. Md

Name of Medical Attendant, or other Person who makes this Return. F. F. Brune M.D.

Address 187 Hollins St Balto.

Remarks

89324

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 Child.

1. Sex, (state whether male or female) Male.

2. Race or Color, (if not of the white race)

3. Date of Birth, Oct 5 1885.

4. Place of Birth, (Street and Number) 2 Weber st.

5. Full Name of Mother, Barbara Lihmeier.

6. Mother's Maiden Name, Karch.

7. Mother's Birthplace, America.

8. Full Name of Father, George Lihmeier.

9. Father's Occupation, Stone cutter.

10. Father's Birthplace, America.

Name of Medical Attendant, or other Person who makes this Return. J. Lohwasser Midwife.

Address, 330 Hanover st.

Remarks,

HEALTH DEPARTMENT
OCT 13 1885
BALTIMORE, MD.

City Printers and Stationers.

82325

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
OCT 13 1885
BALTIMORE MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 Child.

1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race)
3. Date of Birth, Oct 5 1885.
4. Place of Birth, (Street and Number) 815 Hanover st.
5. Full Name of Mother, Emma Schmidt.
6. Mother's Maiden Name, Blackinger.
7. Mother's Birthplace, Amerika.
8. Full Name of Father, John Schmidt.
9. Father's Occupation, Carpenter.
10. Father's Birthplace, Germany.

Name of Medical Attendant, or other Person who makes this Return. J. Lehwasser. Midwife.

Address, 330 Hanover st.

Remarks,

City Printers and Stationers.

RETURN OF A BIRTH.

82326

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) First

1. *Sex, (state whether male or female)* Male

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth* October 5th 1885

4. *Place of Birth, (Street and Number)* 196 Columbia Avenue

5. *Full Name of Mother,* Annie Peters

6. *Mother's Maiden Name,* Annie Warnkin

7. *Mother's Birthplace,* Baltimore, Md

8. *Full Name of Father,* Frederick Peters,

9. *Father's Occupation,* Baker,

10. *Father's Birthplace,* Baltimore, Md.

Name of Medical Attendant, or other Person who makes this Return. John Morris, M. D.

Address, 120 S. Franklin St.

Remarks,

for each offence to be recovered as other fines and forfeitures are recoverable.

& Co., City Printers and Stationers.

82327

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, OCT 6 1885 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3 d.

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) B.

3. Date of Birth Oct. 5 - 1885

4. Place of Birth, (Street and Number) 6 E Albemarle

5. Full Name of Mother, Fredricke Hellman

6. Mother's Maiden Name, " Monning

7. Mother's Birthplace, Germany

8. Full Name of Father, Wm. D. Hellman

9. Father's Occupation, Cigar Maker

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return. Geo. L. Wiesner

Address, 74 S. Broadway

Remarks,

Co., City Printers and Stationers.

RETURN OF A BIRTH

82328

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
OCT 11 1885
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1.
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	October ~~September~~ 5. 1885
4. *Place of Birth, (Street and Number)*	Locust Point
5. *Full Name of Mother,*	Caroline Serbert
6. *Mother's Maiden Name,*	Caroline Müller
7. *Mother's Birthplace,*	Washington
8. *Full Name of Father,*	Georg Serbert
9. *Father's Occupation,*	Sailor
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other Person who makes this Return.	Mrs Margaret Ettel
Address,	No 13 Cuba St
Remarks,	

City Printers and Stationers.

82329

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, OCT 9 1885 BALTIMORE, MD

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* Oct 5 1885
4. *Place of Birth, (Street and Number)* 25 Paris Alley
5. *Full Name of Mother,* Sarah Johnson
6. *Mother's Maiden Name,* Sarah Johnson
7. *Mother's Birthplace,* Harpers Ferry W. Va
8. *Full Name of Father,*
9. *Father's Occupation,*
10. *Father's Birthplace,*

Name of Medical Attendant, or other Person who makes this Return Charlott Proctor Mid Wife

Address, 10 Carter St

Remarks,

to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

...YERS AND STATIONERS.

82330

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, OCT 8 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, 5 of Oktober

4. Place of Birth, (Street and Number) Maldei K.N. 8.

5. Full Name of Mother, Eliesabeth Kaufmann

6. Mother's Maiden Name, Shäfer

7. Mother's Birthplace, Kappel Hessen Kassel

8. Full Name of Father, Friedrich Kaufmann

9. Father's Occupation, Shomaker

10. Father's Birthplace, Haina Hessen Kassel

Name of Medical Attendant, or other Person who makes this Return. Amelie Bange

Address, 426 W Cross Str

Remarks,

City Printers and Stationers.

GIVEN NAME ADDED 3-21-55

82331

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Carrie Fischer Reed

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Oct 6th 1885
4. *Place of Birth, (Street and Number)* 43 Hopkins Ave
5. *Full Name of Mother,* Mrs. F. W. Reed
6. *Mother's Maiden Name,* Hattie Clagett
7. *Mother's Birthplace,* City
8. *Full Name of Father,* F. W. Reed
9. *Father's Occupation,* Cooper
10. *Father's Birthplace,* City

Name of Medical Attendant, or other Person who makes this Return. [illegible] HILL, M. D., EDMONDSON AVE. & SCHROEDER St. BALTIMORE, MD.

Address,

Remarks,

HEALTH DEPARTMENT, OCT 19 1885 BALTIMORE, MD.

[illegible] upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

& Co., City Printers and Stationers.

RETURN OF A BIRTH

82332

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	
3. Date of Birth,	6th of October
4. Place of Birth, (Street and Number)	Highlandtown
5. Full Name of Mother,	Katrine Elizabeth Decker
6. Mother's Maiden Name,	Kemper
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	Louis Decker
9. Father's Occupation,	Fireman
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Sarah Casper
Address,	72 E. Lombard St
Remarks,	

HEALTH DEPARTMENT
OCT 16 1885
BALTIMORE, MD.

City Printers and Stationers.

RETURN OF A BIRTH.

82333

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPT
OCT 14 188
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* Colord
3. *Date of Birth* oct 6 th 1885
4. *Place of Birth, (Street and Number)* 32 dover st
5. *Full Name of Mother,* Margrett Adams
6. *Mother's Maiden Name,* Margrett smith
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Charles Adams
9. *Father's Occupation,* Labor
10. *Father's Birthplace,* Talbot county

Name of Medical Attendant, or other Person who makes this Return. Mary ann dorsey

Address, 64 E Lowland

Remarks, five dollars

...o., City Printers and Stationers.

RETURN OF A BIRTH

82334

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
OCT 13 1885
BALTIMORE MD

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
Sex, (state whether male or female)	Female
Race or Color, (if not of the white race)	Colored
Date of Birth,	Oct 6 1885
Place of Birth, (Street and Number)	331 Vine St
Full Name of Mother,	Caroline Murray
Mother's Maiden Name,	Jones
Mother's Birthplace,	Md
Full Name of Father,	Geo A Murray
Father's Occupation,	Carter
Father's Birthplace,	Md
Name of Medical Attendant, or other Person who makes this Return	Dr Nelson Mc
Address,	2821 Pollitt St
Remarks,	

CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

82335

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
OCT 13 1885
BALTIMORE, MD.

. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
Sex, (state whether male or female)	Boy
Race or Color, (if not of the white race)	White
Date of Birth,	Tuesday Oct. 6th '85
Place of Birth, (Street and Number)	410 E. Preston St.
Full Name of Mother,	Kate Fishack
Mother's Maiden Name,	Kate Lentan
Mother's Birthplace,	Balti.
Full Name of Father,	Wm. Fishack
Father's Occupation,	P.O. Employee
Father's Birthplace,	Balti. Md.
Name of Medical Attendant, or other Person who makes this Return	Wilmer Brinton M.D.
Address,	Chase St. & Forest Place
Remarks,	

AND STATIONERS

82336

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT, OCT 12 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Se[illegible] (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Oct 6th 1885
4. Place of Birth, (Street and Number) 457 Calhoun St
5. Full Name of Mother, Anna Doyle
6. Mother's Maiden Name, Lambert
7. Mother's Birthplace, Ireland
8. Full Name of Father, Martin Doyle
9. Father's Occupation, Blacksmith
10. Father's Birthplace. Balto

N[illegible] of Medical Attendant, or other Person who makes this Return Chas E Sadler MD

Address, 565 Druid Hill Ave

Remarks,

[illegible]TERS AND STATIONERS

82337

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, OCT 11 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th Child

1. Sex, (state whether male ~~or female~~)
2. Race or Color, (if not of the white race) White
3. Date of Birth, October the 6, 1885
4. Place of Birth, (Street and Number) S. Durham St. No. 23.
5. Full Name of Mother, Albertine Quandas
6. Mother's Maiden Name, Albertine Schilke
7. Mother's Birthplace, Roenihr Pr. Preussen Germany
8. Full Name of Father, Otto Quandas
9. Father's Occupation, Laborer
10. Father's Birthplace, Balto City

Name of Medical Attendant, or other Person who makes this Return. Mary E. Müller

Address, N. Dallas St. No. 26

Remarks,

City Printers and Stationers.

82338

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 12th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Octr. 6th 1885
4. *Place of Birth, (Street and Number)* 647 Penn. Ave.
5. *Full Name of Mother,* D. A. Oneal
6. *Mother's Maiden Name,* Hammontree
7. *Mother's Birthplace,* Montgomery Co. Md.
8. *Full Name of Father,* Jno. L. Oneal
9. *Father's Occupation,* Hatter
10. *Father's Birthplace,* Frederick City Md.

Name of Medical Attendant, or other Person who makes this Return J. W. Christian M.D.

Address, 506 Mad. Ave.

Remarks,

HEALTH DEPARTMENT, OCT 9 1885 BALTIMORE, MD.

to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

TERS AND STATIONERS.

82339

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, OCT 9 1885 BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth 6 of October 885

4. Place of Birth, (Street and Number) No 514 Asquith Street

5. Full Name of Mother, Annie Conroy

6. Mother's Maiden Name, Annie Massey

7. Mother's Birthplace, Baltimore

8. Full Name of Father, John Conray

9. Father's Occupation, Iron Moulder

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs Christina Sauer

Address, 173 Hanford Ave

Remarks, 885.

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

& Co., City Printers and Stationers.

RETURN OF A BIRTH.

83340

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 8 1885 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	October 6th 1885
1. Sex (state whether Male or Female)	male child
2. Race or Color (if not of the white race)	Colard Child
3. Date of Birth	October 6 1885
4. Place of Birth (Street and Number)	Chesnut St No 126
5. Full Name of Mother	Mis Emma Smith
6. Mother's Maiden Name	Mis Emma Bredeben
7. Mother's Birthplace	Baltimore City
8. Full Name of Father	John Smith
9. Father's Occupation	Waiter
10. Father's Birthplace	fredrick County Virginia
Name of Medical Attendant, or other Person who makes this Return.	
Address	
Remarks	Darkey Foreben No 134 chesnut St

RETURN OF A BIRTH

82341

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
OCT 9 1885
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth. October 6th 1885
4. Place of Birth, (Street and Number) 417 East Pratt Street
5. Full Name of Mother, Sallie E. McShane
6. Mother's Maiden Name, " " Bradley
7. Mother's Birthplace, Baltimore
8. Full Name of Father, James F. McShane
9. Father's Occupation, Physician
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. James F. McShane. M.D.

Address, 417 E. Pratt St.

Remarks,

for each offence to be recovered as other fines and forfeitures are recoverable.

City Printers and Stationers.

RETURN OF A BIRTH.

82342

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
OCT 7 1885
BALTIMORE MD

No. of Child of Mother (state whether 1st, 2d, 3d, &c)	2
1. *Sex (state whether Male or Female)*	Female
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	Oct 6. 85
4. *Place of Birth (Street and Number)*	97. Battery ave
5. *Full Name of Mother*	Victory Oakley
6. *Mother's Maiden Name*	Victory Linthicum
7. *Mother's Birthplace*	Baltimore
8. *Full Name of Father*	Wm. H. Oakley
9. *Father's Occupation*	Druggist
10. *Father's Birthplace*	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Wm. Ann Nash
Address	
Remarks	

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) .....

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) C

3. Date of Birth, Oct 7

4. Place of Birth, (Street and Number) Balti 221 Howard

5. Full Name of Mother, [redacted]

6. Mother's Maiden Name, [redacted]

7. Mother's Birthplace, [redacted]

8. Full Name of Father, [redacted]

9. Father's Occupation, [redacted]

10. Father's Birthplace, [redacted]

Name of Medical Attendant, or other Person who makes this Return. A Wilson

Address, 314 S Howard St

Remarks, [redacted]

HEALTH DEPARTMENT, OCT 16 1885, BALTIMORE, MD.

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

Co., City Printers and Stationers.

RETURN OF A BIRTH

82344

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) .....

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) C

3. Date of Birth, Oct 7

4. Place of Birth, (Street and Number) Baltimore Howard St 14

5. Full Name of Mother, S Howard

6. Mother's Maiden Name, S Wilson

7. Mother's Birthplace, Baltimore

8. Full Name of Father, A Wilson

9. Father's Occupation, Retail Grocer

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return. A Wilson

Address, 314 S Howard St

Remarks, the Same

HEALTH DEPARTMENT, OCT 18 1885 BALTIMORE, MD.

for each offence to be recovered as other fines and forfeitures are recoverable.

...Co., City Printers and Stationers.

GIVEN NAME ADDED 6-13-49

RETURN OF A BIRTH

$2345-

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

Name	Charles R Carneal
No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
Sex, (state whether male or female)	Male
Race or Color, (if not of the white race)	White
Date of Birth,	Oct 7 1885
Place of Birth, (Street and Number)	198 Sharp St
Full Name of Mother,	Anna E Carneal
Mother's Maiden Name,	Anna Gill
Mother's Birthplace,	Virginia
Full Name of Father,	Muscur Carneal
Father's Occupation,	Mechanic
Father's Birthplace,	Virginia
Name of Medical Attendant, or other Person who makes this Return	H B Noble M D
Address,	80 Monroe av
Remarks,	

HEALTH DEPARTMENT OCT 12 1885 BALTIMORE

AND STATIONERS

RETURN OF A BIRTH.

82346

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT, OCT 17 1885 BALTIMORE, MD.

. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6?

1. *Sex (state whether Male or Female)* Female

2. *Race or Color (if not of the white race)* White

3. *Date of Birth* Oct. 7th 1885

4. *Place of Birth (Street and Number)* 349 Biddle St.

5. *Full Name of Mother* Mary Miller

6. *Mother's Maiden Name* Mary Beard

7. *Mother's Birthplace* Washington Co. Md.

8. *Full Name of Father* William Miller

9. *Father's Occupation* Merchant

10. *Father's Birthplace* Washington Co. Md.

Name of Medical Attendant, or other Person who makes this Return. F. B. Gardner

Address 120 N. Greene St.

Remarks

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, OCT 15 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Oct. 7, 1885

4. Place of Birth, (Street and Number) 532 Carlton Avenue

5. Full Name of Mother, Mary Simpson

6. Mother's Maiden Name, Mary Daly

7. Mother's Birthplace, Baltimore

8. Full Name of Father, William Simpson

9. Father's Occupation, Paver

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Mary L. Sharpe

Address, 59 Luzerne St.

Remarks,

any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

...INTED AND STATIONERS.

RETURN OF A BIRTH.

82348

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
OCT 14 1885
BALTIMORE MD

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth Oct. 7th 85

4. Place of Birth, (Street and Number) #598 Hanover St.

5. Full Name of Mother, Maggie Becker

6. Mother's Maiden Name, Bunsch

7. Mother's Birthplace, Prussia

8. Full Name of Father, Ernst Becker

9. Father's Occupation, Carpenter

10. Father's Birthplace, Kurhessen

Name of Medical Attendant, or other Person who makes this Return. Mary Krah

Address, #328 S. Eutaw St.

Remarks,

Co., Cap. Printers and Stationers.

RETURN OF A BIRTH.

S 2349

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
OCT 14 1885
BALTIMORE MD

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Male

Race or Color, (if not of the white race)

3. Date of Birth October 7, 1885

4. Place of Birth, (Street and Number) 121 Saratoga St.

5. Full Name of Mother, Elizabeth E. Euler

6. Mother's Maiden Name, Kirsch

7. Mother's Birthplace, Balto. Md.

8. Full Name of Father, Ernest Euler

9. Father's Occupation, Balto. Md.

10. Father's Birthplace, Balto. Md.

Name of Medical Attendant, or other Person who makes this Return. Caroline Miller

Address, #5 Walker St. Balto. Md

Remarks,

for each absence to be recovered as other fines and forfeitures are recoverable.

Co., City Printers and Stationers.

RETURN OF A BIRTH.

$2350

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) White
3. Date of Birth Oct 7th 1885
4. Place of Birth, (Street and Number) 331 McHenry St
5. Full Name of Mother, Sarah E. Hawes
6. Mother's Maiden Name, Sarah E. Muse
7. Mother's Birthplace, Baltimore
8. Full Name of Father, John Hawes
9. Father's Occupation, Dairy Business
10. Father's Birthplace, England

Name of Medical Attendant, or other Person who makes this Return. Susan Hunter

Address, 21 N. Poppleton St

Remarks,

HEALTH DEPARTMENT, OCT 12 1885 BALTIMORE, MD.

Be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

...phy & Co., City Printers and Stationers.

82351

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, OCT 11 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, ~~2d, 3d~~, &c.) 1

1. Sex, (state whether male or female) 1

2. Race or Color, (if not of the white race) White

3. Date of Birth, Oct 7 1885

4. Place of Birth, (Street and Number) # 784 W. Prawl

5. Full Name of Mother, Alice Donkly

6. Mother's Maiden Name, " Hoffman

7. Mother's Birthplace, Balti Md

8. Full Name of Father, Edw. Donkly

9. Father's Occupation, Bron Mouldert

10. Father's Birthplace, Balti Md

Name of Medical Attendant, or other Person who makes this Return. D. L. Spiarko

Address, 387 W Lombard

Remarks,

82352

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, OCT 9 1885 BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 8th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* 7 of October 1885
4. *Place of Birth, (Street and Number)* No 41 Greenmount Ave
5. *Full Name of Mother,* Laura Livingstone
6. *Mother's Maiden Name,* Laura Izer
7. *Mother's Birthplace,* Virginia
8. *Full Name of Father,* Chas. W. Livingstone
9. *Father's Occupation,* Printer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs Christina Sauer

Address, 173 Harford Ave

Remarks, 1885

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

& Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, OCT 9 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Octr. 7th 1885.

4. Place of Birth, (Street and Number) 277 Hoffman

5. Full Name of Mother, Janie Anderson

6. Mother's Maiden Name, High

7. Mother's Birthplace, Balto. City.

8. Full Name of Father, Jno. G. Anderson

9. Father's Occupation, Cigar Maker

10. Father's Birthplace, Balto City

Name of Medical Attendant, or other Person who makes this Return J. D. Christian M.D.

Address, 506 Madison Ave.

Remarks,

...with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

...KERS AND STATIONERS.

82354

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, OCT 8 1885 BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* Oct. 7th. 1885
4. *Place of Birth, (Street and Number)* 304 Bank St.
5. *Full Name of Mother,* Louise C. Dull
6. *Mother's Maiden Name,* " " Hunter
7. *Mother's Birthplace,* B.C.
8. *Full Name of Father,* Geo. O. Dull
9. *Father's Occupation,* Engineer
10. *Father's Birthplace,* B.C.

Name of Medical Attendant, or other Person who makes this Return. Geo. L. Wise Ellis Md.

Address, 77 So. Broadway

Remarks,

Co., City Printers and Stationers.

82355

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* 7th of October
4. *Place of Birth, (Street and Number)* 325 Boston street
5. *Full Name of Mother,* Ida Phelups
6. *Mother's Maiden Name,* Ida Semm.
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* George Phelups
9. *Father's Occupation,* Labor.
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs E Fray

Address, 193 South Chester

Remarks, Healthy Child.

HEALTH DEPARTMENT OCT 8 1885 BALTIMORE MD

...birth of any entire man occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

...urphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

82356

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3
1. *Sex, (state whether male or female)*	Female
Race or Color, (if not of the white race)	
3. *Date of Birth,*	8th of October
4. *Place of Birth, (Street and Number)*	128 S. Eden St.
5. *Full Name of Mother,*	Annie Martini
6. *Mother's Maiden Name,*	A. Feather
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Otto Martini
9. *Father's Occupation,*	Clerk
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Sarah Casper
Address,	72 E. Lombard St.
Remarks,	

HEALTH DEPARTMENT OCT 16 1885 BALTIMORE, MD.

for each offence to be recovered as other fines and forfeitures are recoverable.

, City Printers and Stationers.

RETURN OF A BIRTH

12357

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, OCT 16 1885, BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	8th of October
4. *Place of Birth, (Street and Number)*	4 W. Lombard St.
5. *Full Name of Mother,*	Ellen Stuart
6. *Mother's Maiden Name,*	E. Inright
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Alexander Edward Stuart
9. *Father's Occupation,*	Tavern-keeper
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Sarah Casper
Address,	72 E. Lombard St.
Remarks,	

City Printers and Stationers.

82358

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, OCT 18 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* C
3. *Date of Birth,* Oct 9th
4. *Place of Birth, (Street and Number)* Hinsetar 207
5. *Full Name of Mother,* Mary Wheles
6. *Mother's Maiden Name,* Brown
7. *Mother's Birthplace,* Kent Island
8. *Full Name of Father,* J Wheles
9. *Father's Occupation,* Caster
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. A Wilson

Address, 314 S Howard St

Remarks, Forch

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

& Co., City Printers and Stationers.

RETURN OF A BIRTH

12359

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
OCT 15 1885
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. Sex, (state whether male or female)	Male.
2. Race or Color, (if not of the white race)	White.
3. Date of Birth,	Oct 8th/85.
4. Place of Birth, (Street and Number)	377 Lexington
5. Full Name of Mother,	Sophia A Clark
6. Mother's Maiden Name,	" A. Malbon
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	Ben. Frank. Clark
9. Father's Occupation,	Carpenter.
10. Father's Birthplace,	Virginia
Name of Medical Attendant, or other Person who makes this Return	Dr W Runyan
Address,	119 N Monument Pl
Remarks,	

...STY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

82360

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
OCT 15 1885
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. *Sex (state whether male or female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* October 8th 1885
4. *Place of Birth (Street and Number)* #42 S. arlington ave
5. *Full Name of Mother* Mary E. O'Sullivan
6. *Mother's Maiden Name* Mary E. Stockner
7. *Mother's Birthplace* Grafton Taylor Co W.Va
8. *Full Name of Father* Michael J. O'Sullivan
9. *Father's Occupation* Supt Electric Light B.&O.R.R. ~~Dairy Kerry Ireland~~
10. *Father's Birthplace* Cordry Kerry Ireland

Name of Medical Attendant, or other Person who makes this Return. Mrs Jane Guy

Address R 70 Dona St. North

Remarks Mother & Child Doing well

RETURN OF A BIRTH.

8 23361

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2. nd.

1. Sex, (state whether male or female) Female.

2. Race or Color, (if not of the white race) White

3. Date of Birth Oct 8th. 1885.

4. Place of Birth, (Street and Number) Baltimore, 19. N. Spring St

5. Full Name of Mother, Laura Brown.

6. Mother's Maiden Name, " " Lingleback

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Louis Brown

9. Father's Occupation, Carpenter

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs. Ann Kerman

Address, No. 10 S. Eden St.

Remarks,

HEALTH DEPARTMENT OCT 14 1885 BALTIMORE MD.

o., City Printers and Stationers.

82362

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* 8 of October 1885
4. *Place of Birth, (Street and Number)* Baltimore No 19 Kenneth, St
5. *Full Name of Mother,* Adeline C. Streb
6. *Mother's Maiden Name,* Adelien, C. F. Von: Sprechelsen
7. *Mother's Birthplace,* Obern dorf. ant nauh aus d Oda Garmey
8. *Full Name of Father,* George P. Streb
9. *Father's Occupation,* Car. driver
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Susan Hunter

Address, 21 N. Poppelton St

Remarks,

HEALTH DEPARTMENT
OCT 14 1885
BALTIMORE MD

Co., City Printers and Stationers.

82368

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* 1
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Oct 8/85
4. *Place of Birth, (Street and Number)* # 285 N. Strike St
5. *Full Name of Mother,* Birdie Trent
6. *Mother's Maiden Name,* " Barber
7. *Mother's Birthplace,* Annapolis Md
8. *Full Name of Father,* Jno W Trent
9. *Father's Occupation,* Book Keeper
10. *Father's Birthplace,* Augusta Georgia

Name of Medical Attendant, or other Person who makes this Return. H. L. Spiritus

Address, 387 W. Lombard St

Remarks, "

HEALTH DEPARTMENT, OCT 13 1885 BALTIMORE, MD.

NOTICE

The succeeding documents were received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

RETURN OF A BIRTH

823614

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, OCT 2 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 8 Oct 1885
4. *Place of Birth, (Street and Number)* 164 Chapple St
5. *Full Name of Mother,* May Martinek
6. *Mother's Maiden Name,* Barbara Retina
7. *Mother's Birthplace,* Bohemia
8. *Full Name of Father,* Frank Martinek
9. *Father's Occupation,* Tailor
10. *Father's Birthplace,* Bohemia

Name of Medical Attendant, or other Person who makes this Return. May Chapter

Address, 69 N Nashy St

Remarks,

...or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

...., City Printers and Stationers.

82365

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 8 Oct 1885
4. *Place of Birth, (Street and Number)* 167 Dusha St
5. *Full Name of Mother,* May Bracha
6. *Mother's Maiden Name,* Sophie Cross
7. *Mother's Birthplace,* Bohemia
8. *Full Name of Father,* Andrey Bracha
9. *Father's Occupation,* Tailor
10. *Father's Birthplace,* Bohemia

Name of Medical Attendant, or other Person who makes this Return. May Kaptish

Address, 69 N Washington St

Remarks,

HEALTH DEPARTMENT, OCT 2 1885 BALTIMORE, MD.

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

Co., City Printers and Stationers.

12366

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 third

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, 8 of October

4. Place of Birth, (Street and Number) 179 Lower street

5. Full Name of Mother, Clara Eyerly

6. Mother's Maiden Name, Clara Sheeler

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Charles Eyerly

9. Father's Occupation, Shipyard

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Mary Jane Richardson

Address, 212 Lower Street

Remarks, Mother and child doing well.

HEALTH DEPARTMENT OCT 13 1905 BALTIMORE MD

When the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

Over 82364

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
OCT 13 1885
BALTIMORE, MD

Name: Leonora Mary Dill

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth Oct 8th 85

4. Place of Birth, (Street and Number) Balt 145 Saratoga st

5. Full Name of Mother, Anne E. Dill

6. Mother's Maiden Name, Garmon

7. Mother's Birthplace, Frederick City Md

8. Full Name of Father, Geo W. Dill

9. Father's Occupation, Cutter

10. Father's Birthplace, Frederick City Md

Name of Medical Attendant, or other Person who makes this Return. Mrs. Hannels Midwife

Address, George W. Dill No 8 Pearl St.

Remarks, No 145 Saratoga St

...., City Printers and Stationers.

82368

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, OCT 13 1885 BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	First
1. Sex, (state whether male or female)	Female
Race or Color, (if not of the white race)	White
3. Date of Birth	Eighth
4. Place of Birth, (Street and Number)	Dealing St, in Canton
5. Full Name of Mother,	Baile Mene
6. Mother's Maiden Name,	" "
7. Mother's Birthplace,	Russia
8. Full Name of Father,	Pinchos
9. Father's Occupation,	Dairy Farm
10. Father's Birthplace,	Russia
Name of Medical Attendant, or other Person who makes this Return.	Rebecca Kaplan
Address,	Rebecca Kaplan
Remarks,	#6. Roth Alley

Co., City Printers and Stationers.

RETURN OF A BIRTH

82369

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
OCT 13 1885
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* October 8 1885
4. *Place of Birth, (Street and Number)* No 8 Allen Ally
5. *Full Name of Mother,* Joe Jeany Warfield
6. *Mother's Maiden Name,* Joe Jeany Hackum
7. *Mother's Birthplace,* Arrundle County
8. *Full Name of Father,* Thomas Hackum
9. *Father's Occupation,* Talmorer
10. *Father's Birthplace,* Arrundle County

Name of Medical Attendant, or other Person who makes this Return. Tear Walker

Address, No 15 Bethel Street

Remarks,

City Printers and Stationers.

RETURN OF A BIRTH

82370

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT, OCT 12 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Two (2)
Sex, (state whether male or female)	Female
Race or Color, (if not of the white race)	Col'd
Date of Birth,	Oct- 8th 1885
Place of Birth, (Street and Number)	No 26 So Dallas St-
Full Name of Mother,	Mary Brown
Mother's Maiden Name,	Mary Mason
Mother's Birthplace,	St. Mary's Co- Md.
Full Name of Father,	Jno- Brown
Father's Occupation,	Laborer
Father's Birthplace,	West River Md.
Name of Medical Attendant, or other Person who makes this Return	Louisa Seaton
Address,	111 So. Dallas St.
Remarks,	Physical condition of the Child very poor

CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

82371

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
OCT 12 1885
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	7th
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	Oct 8th 1885
4. Place of Birth, (Street and Number)	494 Division St
5. Full Name of Mother,	Kate Suter
6. Mother's Maiden Name,	Kelly
7. Mother's Birthplace,	Ireland
8. Full Name of Father,	George Suter
9. Father's Occupation,	Carriver
10. Father's Birthplace,	Balto
Name of Medical Attendant, or other Person who makes this Return	Chas E Sadtler MD
Address,	565 Druid Hill Ave
Remarks,	

TERS AND STATIONERS

RETURN OF A BIRTH.

82372

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT, OCT 12 1885 BALTIMORE, MD.

[redacted] of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st.
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	Colored
3. Date of Birth	Oct. 8th
4. Place of Birth (Street and Number)	79 Jefferson St.
5. Full Name of Mother	Cornelia Hebron
6. Mother's Maiden Name	Cornelia Evans
7. Mother's Birthplace	Balt. Md.
8. Full Name of Father	William Hebron
9. Father's Occupation	Laborer
10. Father's Birthplace	Howard Co. Md.
[redacted] Name of Medical Attendant, or other Person who makes this Return.	R. M. Kean
Address	262 Sharp St.
Remarks	

82373

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, OCT 12 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Negro
3. *Date of Birth,* Oct 8 1885
4. *Place of Birth, (Street and Number)* 27 Wolf Above Biddle
5. *Full Name of Mother,* Margaret Brady
6. *Mother's Maiden Name,* Buchanan
7. *Mother's Birthplace,* Harford County
8. *Full Name of Father,* David Brady
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Pennsylvania

Name of Medical Attendant, or other Person who makes this Return J. B. Schwatka MD

Address, Cor Bway & Barnes

Remarks, Wolf St above Biddle is a sort of cul-de-sac and commences to number from Biddle which accounts for the seeming discrepancy

PRINTERS AND STATIONERS.

Within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

8 3374

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) White

3. Date of Birth, October 8 1885

4. Place of Birth, (Street and Number) 196 Dallas street

5. Full Name of Mother, mary E swift

6. Mother's Maiden Name, mary E Lee

7. Mother's Birthplace, Baltimore

8. Full Name of Father, John W swift

9. Father's Occupation, Laborer

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. mary conner 171

Address, Patterson Park avenue

Remarks,

HEALTH DEPARTMENT
OCT 11 1885
BALTIMORE, MD.

City Printers and Stationers.

82375

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
OCT 11 1885
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Child 4th

1. Sex, (state whether male or female) Female

Race or Color, (if not of the white race) White

3. Date of Birth, October 8. 1885

4. Place of Birth, (Street and Number) Gerrard Ave

5. Full Name of Mother, Ellen Wood

6. Mother's Maiden Name, Ellen Mahoney

7. Mother's Birthplace, Irland

8. Full Name of Father, John Wood

9. Father's Occupation, Laboer

10. Father's Birthplace, Scranton Maryland

Name of Medical Attendant, or other Person who makes this Return. Mrs Margaret Ettel

Address, N 13. Cuba St

Remarks,

...ce to be recovered as other fines and forfeitures are recoverable.

...City Printers and Stationers.

82376

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
OCT 10 1885
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

Sex, (state whether male or female) Female

Race or Color, (if not of the white race) White

Date of Birth, Oct 8th 1885

Place of Birth, (Street and Number) 145 Argyle Ave

Full Name of Mother, Carrie A. Church

Mother's Maiden Name, " " Crouse

Mother's Birthplace, B.C.

Full Name of Father, Wm A. Church

Father's Occupation, Paperhanger

Father's Birthplace, B.C.

Name of Medical Attendant, or other Person who makes this Return J Harvey Hill MD

Address, 227 Arlington Ave

Remarks,

AND STATIONERS

82377

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, OCT 10 1885 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9th

1. Sex, (~~state whether~~ male ~~or female~~) ?

2. Race or Color, (~~if not of the~~ white ~~race~~)

3. Date of Birth, ~~9th 8th Oct 1885~~ 8th Oct 1885

4. Place of Birth, (Street and Number) 71 Cambridge St

5. Full Name of Mother, Mrs. Phoebe Becks

6. Mother's Maiden Name, P. Dodd

7. Mother's Birthplace, Balt.

8. Full Name of Father, John L. Becks

9. Father's Occupation, Laborer

10. Father's Birthplace, Balt.

Name of Medical Attendant, or other Person who makes this Return. J. F. Leonard MD

Address, 314 E Balt St

Remarks, Born at 6th month of Gestation - lived 36 hours

City Printers and Stationers.

NOTICE

The succeeding document was received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, OCT 18 1885 BALTIMORE, MD

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* C
3. *Date of Birth,* Oct 9th
4. *Place of Birth, (Street and Number)* Balto S Howard 276
5. *Full Name of Mother,* Sc Boole
6. *Mother's Maiden Name,* Bankes
7. *Mother's Birthplace,* Baltimor
8. *Full Name of Father,* B[illegible] Boole
9. *Father's Occupation,* Porter
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other Person who makes this Return. A. Ipsleson

Address, 314 S Howard St

Remarks, Third

be in attendance upon the mother, immediately [illegible] and within the period above required, and any such person report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

...hy & Co., City Printers and Stationers.

82379

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Oct 9th 1885

4. Place of Birth, (Street and Number) 417 W Lombard St

5. Full Name of Mother, Annie J Hoofnagle

6. Mother's Maiden Name, " " Gibson

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Robt O Hoofnagle

9. Father's Occupation, Iron Moulder

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. Theodore Cooke M.D.

Address, 146 Hanover St

Remarks,

HEALTH DEPARTMENT
OCT 17 1885
BALTIMORE, MD.

ity Printers and Stationers.

RETURN OF A BIRTH

82380

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
OCT 17 1885
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third Child.

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) White.
3. Date of Birth, 9th of October 1885.
4. Place of Birth, (Street and Number) 108 Bethel ally.
5. Full Name of Mother, Rosey Bauer.
6. Mother's Maiden Name, Dilly
7. Mother's Birthplace, Baltimore.
8. Full Name of Father, Peter Bauer.
9. Father's Occupation, Broom Maker.
10. Father's Birthplace, Baltimore.
11. Name of Medical Attendant, or other Person who makes this Return. M.rs Wiley.

Address, 112 Patterson Park ave.

Remarks,

...by Printers and Stationers.

82381

RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT, OCT 15 1885 BALTIMORE

Jesse Myers

[illegible] of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
1. Sex (state whether male or female)	Male
2. Race or Color, (if not of the white race)	White
3. Date of Birth	Oct. 9. 85
4. Place of Birth, (Street and Number)	11 Bartlett St
5. Full Name of Mother	Annie Myers
6. Mother's Maiden Name	" Hermann
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Joseph Myers
9. Father's Occupation	Tinnier
10. Father's Birthplace	Baltimore
[illegible] Name of Medical Attendant, or other Person who makes this Return.	A. L. Watts M.D.
Address	4282 W. Fornbord St
Remarks	GIVEN NAME ADDED 2-16-5[illegible]

L.M.

82382

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, OCT 15 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* white race
3. *Date of Birth,* October the 9th
4. *Place of Birth, (Street and Number)* Baltimore Charles St No 6/9
5. *Full Name of Mother,* Christa D Kennedy
6. *Mother's Maiden Name,* Hartman
7. *Mother's Birthplace,* frederick Co Md
8. *Full Name of Father,* James J Kennedy
9. *Father's Occupation,* laborer
10. *Father's Birthplace,* Howard Co Md

Name of Medical Attendant, or other Person who makes this Return. Elizabeth Hathorn

Address, light St No 539

Remarks,

City Printers and Stationers.

RETURN OF A BIRTH

87383

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, OCT 14 1885 BALTIMORE MD

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, Oct 9th 1885

4. Place of Birth, (Street and Number) 2 Bruce St

5. Full Name of Mother, Martha Gladden

6. Mother's Maiden Name, Martin

7. Mother's Birthplace, Balto Md

8. Full Name of Father, Isaac Gladden

9. Father's Occupation, Waiter

10. Father's Birthplace, Balto Md

Name of Medical Attendant, or other Person who makes this Return. Jane Brookens

Address, 16 N Bruce St

Remarks,

Printers and Stationers.

RETURN OF A BIRTH

82384

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Oct 9 1885

4. Place of Birth, (Street and Number) Belair Road

5. Full Name of Mother, Julia Blashek

6. Mother's Maiden Name, Julia Cuka

7. Mother's Birthplace, Austria

8. Full Name of Father, Andrew Blashek

9. Father's Occupation, Tailor

10. Father's Birthplace, Bohemia

Name of Medical Attendant, or other Person who makes this Return. Hospital

Address, 69 W Washington st

Remarks,

HEALTH DEPARTMENT, OCT 2 1885 BALTIMORE, MD.

City Printers and Stationers.

82385

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 9 Oct 1885
4. *Place of Birth, (Street and Number)* 19 N. Washington Ave
5. *Full Name of Mother,* Annie Shyrka
6. *Mother's Maiden Name,* Ana Ruck
7. *Mother's Birthplace,* Bohemia
8. *Full Name of Father,* Peter Shirka
9. *Father's Occupation,* Tailor
10. *Father's Birthplace,* Bohemia

Name of Medical Attendant, or other Person who makes this Return. Mary Koptish

Address, 69 N Washington St

Remarks,

HEALTH DEPARTMENT, OCT 2 1885 BALTIMORE, MD.

birth of any child shall occur without the attendance of a [illegible] or [illegible] be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

hy & Co., City Printers and Stationers.

F-2386

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
OCT 14 1885
BALTIMORE, MD

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7 child

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, 8 of October

4. Place of Birth, (Street and Number) 156 Fremont Street

5. Full Name of Mother, Harriet Starks

6. Mother's Maiden Name, Harriet Scott

7. Mother's Birthplace, New York

8. Full Name of Father, Shippen Starks.

9. Father's Occupation, Upholsterer.

10. Father's Birthplace, New York.

Name of Medical Attendant, or other Person who makes this Return Mary Jane Richardson

Address. 212 Lover Street

Remarks. Fine healthy child mother doing well.

...ERS AND STATIONERS.

RETURN OF A BIRTH

8238

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
OCT 13 1885
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. [redacted], (state whether male or female) female

2. Race or Color, (if not of the white race) Colord

3. Date of Birth, Oct 9 1885

4. Place of Birth, (Street and Number) No 20 Shield alley

5. Full Name of Mother, Mary Frankis Tylor

6. Mother's Maiden Name, Mary Frankis Harris

7. Mother's Birthplace, Baltimore Md

8. Full Name of Father, James Tylor

9. Father's Occupation, Laborer

10. Father's Birthplace, Baltimore Md

[redacted]ne of Medical Attendant, or other Person who makes this Return Marian Hudson

Address, 37 Walnut Alley

Remarks,

Y & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

82388

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT, OCT 10 1885 BALTIMORE MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

Sex, (state whether male or female) Male

Race or Color, (if not of the white race) White

Date of Birth, Oct 9 8.20 A.M.

Place of Birth, (Street and Number) No 1 Myrtle Av

Full Name of Mother, Barbara A. Beans

Mother's Maiden Name, Buckheimer

Mother's Birthplace, Baltimore

Full Name of Father, Henry R Beans

Father's Occupation, Merchant

Father's Birthplace, Philadelphia Pa

Name of Medical Attendant, or other Person who makes this Return. E. H. Lau M.D.

Address, 192 N. Carey st

Remarks,

R & STATIONER, BALT.

RETURN OF A BIRTH

82389

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT, OCT 12 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. [redacted], (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Oct 10th 1885

4. Place of Birth, (Street and Number) 401 Druid Hill Ave

5. Full Name of Mother, Lucinda Felton

6. Mother's Maiden Name,

7. Mother's Birthplace, Pennsylvania

8. Full Name of Father, Ephriam Felton

9. Father's Occupation, Clergyman

10. Father's Birthplace. Pennsylvania

Name of Medical Attendant, or other Person who makes this Return Chas E Sadtler M D

Address, 565 Druid Hill Ave

Remarks, 7 Mos child + did not live -

PRINTERS AND STATIONERS

RETURN OF A BIRTH

82390

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, OCT 12 1885 BALTIMORE MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th Child.

1. Sex, (state whether male or female) Female.

2. Race or Color, (if not of the white race) White

3. Date of Birth, 10th of October 1885

4. Place of Birth, (Street and Number) 508 East Fayette Street.

5. Full Name of Mother, Lara Baum.

6. Mother's Maiden Name, Lara Strasburger.

7. Mother's Birthplace, Baltimore.

8. Full Name of Father, Samme Strasburger.

9. Father's Occupation, Clothing Business

10. Father's Birthplace, Germany.

Name of Medical Attendant, or other Person who makes this Return. Cresointha Kunkel.

Address, 71 North Chapel street per Justina Runkel

Remarks, Healthy.

City Printers and Stationers.

RETURN OF A BIRTH

82391

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
OCT 12 1885
BALTIMORE MD

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) [illegible]

3. Date of Birth, Oct 10

4. Place of Birth, (Street and Number) No 65 Randall st

5. Full Name of Mother, Elizabeth Miller

6. Mother's Maiden Name, Elizabeth Frose

7. Mother's Birthplace, Baltimore city md

8. Full Name of Father, William F. Miller

9. Father's Occupation, Laborer

10. Father's Birthplace, Baltimore city and

Name of Medical Attendant, or other Person who makes this Return. E. Hinton

Address, No 658 S Charles st

Remarks,

City Printers and Stationers.

RETURN OF A BIRTH

82392

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT, OCT 13 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st.
Sex, (state whether male or female)	Boy.
Race or Color, (if not of the white race)	White
Date of Birth,	Saturday Oct. 10th. 85
Place of Birth, (Street and Number)	2 & Harford Ave
Full Name of Mother,	Ottilie ~~Eckenburg~~ Walker
Mother's Maiden Name,	Ottilie Eckenburg
Mother's Birthplace,	Germany
Full Name of Father,	Wm H. Walker.
Father's Occupation,	Painter
Father's Birthplace,	Mississippi
Name of Medical Attendant, or other Person who makes this Return	Wilmer Brinton M.D.
Address,	Chas & Forest Place
Remarks,	Balto. Md.

AND STATIONERS

82393

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, OCT 13 1885 BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 8th

Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth 10 of October 1885

4. Place of Birth, (Street and Number) 228 Chase St

5. Full Name of Mother, Mary Bahl

6. Mother's Maiden Name, Mary Hober

7. Mother's Birthplace, Germany

8. Full Name of Father, Jacob Bahl

9. Father's Occupation, Tailor

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs D Christine Sauer

Address, 173 Harford Ave

Remarks, 1885

For each offence to be recovered as other fines and forfeitures are recoverable.

Co., City Printers and Stationers.

82394

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 Child

1. Sex, (state whether male or female) Little Girl
2. Race or Color, (if not of the white race) White race
3. Date of Birth, Born 10th of October 1885
4. Place of Birth, (Street and Number) No 96 Frederich Ave
5. Full Name of Mother, Mrs Reinhardt
6. Mother's Maiden Name, Miss Hellweg.
7. Mother's Birthplace, Darmstad Germany
8. Full Name of Father, Mr. Reinhardt germany
9. Father's Occupation, Blachsmith
10. Father's Birthplace, Bayer Germany

Name of Medical Attendant, or other Person who makes this Return. Miss Killer

Address, 1017 west Pratt st city

Remarks,

BUREAU OF HEALTH DEPARTMENT OCT 14 1885 BALTIMORE, MD.

Co., City Printers and Stationers.

RETURN OF A BIRTH.

82395

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Second.

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White.

3. Date of Birth October 10th 1885.

4. Place of Birth, (Street and Number) No 63 Columbia Avenue

5. Full Name of Mother, Teresa Sullivan.

6. Mother's Maiden Name, Teresa Snyder.

7. Mother's Birthplace, Baltimore M. D.

8. Full Name of Father, David Dennis Sullivan.

9. Father's Occupation, Fruit Dealer.

10. Father's Birthplace, Baltimore. M. D.

Name of Medical Attendant, or other Person who makes this Return. Mrs Catherine Seebach.

Address, No 439 W Pratt Street

Remarks,

HEALTH DEPARTMENT
OCT 14 1885
BALTIMORE MD

...City Printers and Stationers.

82396

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Second Child
1. *Sex, (state whether male or female)*	Little Boy
2. *Race or Color, (if not of the white race)*	White race
3. *Date of Birth,*	Born 10th of October 1885
4. *Place of Birth, (Street and Number)*	Born 102 Frederick ave
5. *Full Name of Mother,*	Mrs Kille
6. *Mother's Maiden Name,*	Miss Lena Miller
7. *Mother's Birthplace,*	Born Baltimore
8. *Full Name of Father,*	Mr Adam Kille
9. *Father's Occupation,*	Blacksmith
10. *Father's Birthplace,*	Born Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Mr Killer
Address,	1017 west Pratt st city
Remarks,	

HEALTH DEPARTMENT OCT 14

Any fee due to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

Co., City Printers and Stationers.

RETURN OF A BIRTH

82397

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, ~~2d, 3d, &c.~~) First (1st)

Sex, (state whether male or ~~female~~) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, October 10, 1885

4. Place of Birth, (Street and Number) No. 58 East Hoffman Street

5. Full Name of Mother, Mrs. Bertha Louisa Johnson

6. Mother's Maiden Name, Miss Bertha L. Young

7. Mother's Birthplace, New Oxford, Adams County, Pa.

8. Full Name of Father, Mr. John Christopher Johnson

9. Father's Occupation, Brass Finisher

10. Father's Birthplace, Baltimore City, Md.

Name of Medical Attendant, or other Person who makes this Return. Wm. A. Clendinen, M. D.

Address, No. 102 N. Broadway

Remarks,

HEALTH DEPARTMENT OCT 14 1885 BALTIMORE

City Printers and Stationers.

82398

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
OCT 16 1885
BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether ~~male~~ or female)* Mädchen
2. *Race or Color, (if not of the white race)* Witte
3. *Date of Birth* 10 ten October 1885
4. *Place of Birth, (Street and Number)* Hiett Striet No 6.
5. *Full Name of Mother,* Godonce Fontain
6. *Mother's Maiden Name,* Fretmann
7. *Mother's Birthplace,* Germanien
8. *Full Name of Father,* Heinrich Vannochren
9. *Father's Occupation,* Workmann
10. *Father's Birthplace,* Germanien

Name of Medical Attendant, or other Person who makes this Return.

Address, Eliesbets Elle No. 5. Karoliene Schwarz

Remarks,

...be an attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

...rphy & Co., City Printers and Stationers.

RETURN OF A BIRTH.

82399

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, OCT 16 1885 BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 7

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Color
3. *Date of Birth* 10. of october
4. *Place of Birth, (Street and Number)* 4 of Springgord ove
5. *Full Name of Mother,* Henrietta Senny
6. *Mother's Maiden Name,* Henrietta chase
7. *Mother's Birthplace,* Baltimore M.d.
8. *Full Name of Father,* Solmon senny
9. *Father's Occupation,* Hard cary
10. *Father's Birthplace,* Senwill Mal.

Name of Medical Attendant, or other Person who makes this Return. Milley Gross

Address, 181. yark street

Remarks,

.. City Printers and Stationers.

RETURN OF A BIRTH

$2400

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) Brown complexion

3. Date of Birth, October 10th " 1885

4. Place of Birth, (Street and Number) 2 Hamilton S-t

5. Full Name of Mother, Octavia Lampson

6. Mother's Maiden Name, " Johnson

7. Mother's Birthplace, Richmond Va

8. Full Name of Father, Isaiah Lampson

9. Father's Occupation, Brick-maker

10. Father's Birthplace, Virginia

Name of Medical Attendant, or other Person who makes this Return. Amelia Johnson

Address, 6 Hamilton S-t

Remarks,

HEALTH DEPARTMENT
OCT 17, 1885
BALTIMORE, MD

for each offence to be recovered as other fines and forfeitures are recoverable.

, City Printers and Stationers.

82401

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, OCT 18 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* C
3. *Date of Birth,* Oct 10th
4. *Place of Birth, (Street and Number)* Eutaw St 313 Baltimore
5. *Full Name of Mother,* Ida Gardena
6. *Mother's Maiden Name,* Ida Smith
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Charles Gardena
9. *Father's Occupation,* Steamster
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Angia Wilson

Address, 314 S Howard St

Remarks, the First

City Printers and Stationers.

RETURN OF A BIRTH

82402

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT, OCT 11 1885, BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) Caled

3. Date of Birth, of Octber

4. Place of Birth, (Street and Number) Gilbert St

5. Full Name of Mother, Geo Ganne Wesley

6. Mother's Maiden Name, Geo Ganne Dondy

7. Mother's Birthplace, Howard Conty

8. Full Name of Father, Geo G Wesley

9. Father's Occupation, labber

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Lucy Comnith

Address, No 13 Jordon ally

Remarks,

PRINTERS AND STATIONERS

RETURN OF A BIRTH.

824 04

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, OCT 13 1885 BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Femal

2. Race or Color, (if not of the white race) White

3. Date of Birth 11 of October

4. Place of Birth, (Street and Number) 324 Central Ave

5. Full Name of Mother, Ellenora T. Sommer

6. Mother's Maiden Name, Ellenora Fragersa

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Henry Fragersa

9. Father's Occupation, Tailar

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs Christina Sauer

Address, 173 Harford Ave

Remarks, 885

...City Printers and Stationers.

CORRECTION

The preceding document has been re-photographed to assure legibility and its image appears immediately hereafter.

RETURN OF A BIRTH

$2400

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
OCT 17, 1885
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Brown complexion
3. Date of Birth, October 10th " 1885
4. Place of Birth, (Street and Number) 2 Hamilton S-t
5. Full Name of Mother, Octavia Lampson
6. Mother's Maiden Name, " Johnson
7. Mother's Birthplace, Richmond Va
8. Full Name of Father, Isaiah Lampson
9. Father's Occupation, Brick-maker
10. Father's Birthplace, Virginia

Name of Medical Attendant, or other Person who makes this Return. Amelia Johnson

Address, 6 Hamilton S-t

Remarks,

for each offence to be recovered as other fines and forfeitures are recoverable.

, City Printers and Stationers.

RETURN OF A BIRTH

82401

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, OCT 18 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* C
3. *Date of Birth,* Oct 10th
4. *Place of Birth, (Street and Number)* Eutaw St 318 Baltimore
5. *Full Name of Mother,* Ida Gardena
6. *Mother's Maiden Name,* Ida Smith
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Charles Gardena
9. *Father's Occupation,* Steamster
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Angia Wilson

Address, 314 L Howard St

Remarks, the First

City Printers and Stationers.

RETURN OF A BIRTH

82402

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT, OCT 11 1885, BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) Caled

3. Date of Birth, October

4. Place of Birth, (Street and Number) Gilbert St

5. Full Name of Mother, Geo Ganne Wesley

6. Mother's Maiden Name, Geo Ganne Dorsey

7. Mother's Birthplace, Howard County

8. Full Name of Father, Geo Wesley

9. Father's Occupation, laber

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return Lucy Commish

Address, No 13 Jordon Ally

Remarks,

...TERS AND STATIONERS

Missing 82403

82404

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, OCT 13 1885 BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Femal
2. Race or Color, (if not of the white race) White
3. Date of Birth 11 of October
4. Place of Birth, (Street and Number) 324 Central Ave
5. Full Name of Mother, Ellenora T. Sommer
6. Mother's Maiden Name, Ellenora Tragersa
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Henry Tragersa
9. Father's Occupation, Tailor
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs Christina Sauer

Address, 173 Harford Ave

Remarks, 1885

Co., City Printers and Stationers.

82405

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, OCT 13 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) —

3. Date of Birth, Oct. 11th 1885

4. Place of Birth, (Street and Number) Hannah Ritz No 150 N. Chestnut

5. Full Name of Mother, Hannah Ritz

6. Mother's Maiden Name, Hannah Reed

7. Mother's Birthplace, Baltimore

8. Full Name of Father, George Ritz

9. Father's Occupation, Butcher

Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Louisa Schulte

Address, No 246 Chew St.

Remarks,

Within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

PRINTERS AND STATIONERS.

82406

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
OCT 13 1885
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6 Child

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Oct 11 1885
4. *Place of Birth, (Street and Number)* 4 Stockhalm st.
5. *Full Name of Mother,* Maria Breton.
6. *Mother's Maiden Name,* Stendon.
7. *Mother's Birthplace,* America.
8. *Full Name of Father,* James Breton.
9. *Father's Occupation,* Flag-man
10. *Father's Birthplace,* America.

Name of Medical Attendant, or other Person who makes this Return. J. Lohwasser. Midwife.

Address, 330 Hanover st.

Remarks,

City Printers and Stationers.

82407

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 Child.

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth, Oct 11 1885

4. Place of Birth, (Street and Number) 715 Hanover st

5. Full Name of Mother, Christine Muny.

6. Mother's Maiden Name, Schoene

7. Mother's Birthplace, America.

8. Full Name of Father, Harry Muny.

9. Father's Occupation, Laborer.

10. Father's Birthplace, America.

Name of Medical Attendant, or other Person who makes this Return, J. Lohwasser. Midwife.

Address, 330 Hanover st.

Remarks,

HEALTH DEPARTMENT, OCT 13 1885 BALTIMORE, MD.

City Printers and Stationers.

RETURN OF A BIRTH.

82408

To the Office of ~~Registrar of Vital Statistics~~ COVER NAME ADDED 6-17-55 of Health, Baltimore City.

Name: Ruby Francis Mister

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	5th Child.
Sex, (state whether male or female)	Female.
2. Race or Color, (if not of the white race)	White.
3. Date of Birth	Oct. 11 1885
4. Place of Birth, (Street and Number)	467 E. Lombard St
5. Full Name of Mother,	Santa Maria Mister.
6. Mother's Maiden Name,	Santa Maria McNamara.
7. Mother's Birthplace,	Dorchester Co. Md.
8. Full Name of Father,	Jas. E. Mister.
9. Father's Occupation,	Mariner.
10. Father's Birthplace,	Dorchester Co. Md.
Name of Medical Attendant, or other Person who makes this Return.	Jno. F. Powell M.D.
Address,	98 St. Paul St. Extended.
Remarks,	Child Healthy

HEALTH DEPARTMENT OCT 13 1885 BALTIMORE

...Co., City Printers and Stationers.

RETURN OF A BIRTH

82409

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, OCT 14 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) fifth

Sex, (state whether male or female) Male

2. *Race or Color, (if not of the white race)* Col'd

3. *Date of Birth,* Oct 11 / 85

4. *Place of Birth, (Street and Number)* 30 Bruce St

5. *Full Name of Mother,* Estelle Lee

6. *Mother's Maiden Name,* Estelle Toulson

7. *Mother's Birthplace,* St Mary's Co Md

8. *Full Name of Father,* Tyson Lee

9. *Father's Occupation,* Laborer

10. *Father's Birthplace,* Frederick Md

Name of Medical Attendant, or other Person who makes this Return. Jane Woodland

Address, 16 Bruce St

Remarks,

Printers and Stationers.

CERTIFICATE CORRECTED 11-13-50

RETURN OF A BIRTH.

$2 1/10

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Elizabeth Margaret Hummer

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

HEALTH DEPARTMENT OCT 14 1885 BALTIMORE MD.

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth Oct 11th 85 ~~#258 S. Eutaw St~~
4. Place of Birth, (Street and Number) #258 S. Eutaw St.
5. Full Name of Mother, Elzebeth ~~Hammer~~ Hummer
6. Mother's Maiden Name, Gillham
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Henry ~~Hammer~~ Hummer
9. Father's Occupation, Blacksmith
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mary Krok

Address, #328 S. Eutaw St.

Remarks,

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

y & Co., City Printers and Stationers.

RETURN OF A BIRTH.

82411

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
OCT 14 1885
BALTIMORE MD

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5th

Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth Oct. 11th 85

4. Place of Birth, (Street and Number) 0 # 77 Wyeth St.

5. Full Name of Mother, Mary Shriver

6. Mother's Maiden Name, " Zimmerman

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Rachel Shriver

9. Father's Occupation, Cooper

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mary Kirk

Address, 328 S. Eutaw St

Remarks,

...Co., City Printers and Stationers.

RETURN OF A BIRTH

82412

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
OCT 16 1885
BALTIMORE MD

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	11th of October 1885
4. *Place of Birth, (Street and Number)*	156 Castle St.
5. *Full Name of Mother,*	Lillie Langum
6. *Mother's Maiden Name,*	Bachmann
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Joseph Langum
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Sarah Casper
Address,	72 E. Lombard St.
Remarks,	

for each offence to be recovered as other fines and forfeitures are recoverable.

., City Printers and Stationers.

GIVEN NAME ADDED 4-29-49

8241 (3

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Bessie Alice Johnson 3rd

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth Oct 11th/85
4. Place of Birth, (Street and Number) 64 McMechen St
5. Full Name of Mother, Alice Johnson
6. Mother's Maiden Name, " Shaw
7. Mother's Birthplace, Baltimore city
8. Full Name of Father, Asbury Johnson Jr
9. Father's Occupation, Sun carrier & Musican
10. Father's Birthplace, Harford co Md.

Name of Medical Attendant, or other Person who makes this Return. Susan Hunter

Address, 21 No Poppelton St

Remarks,

HEALTH DEPARTMENT OCT 16 1885 BALTIMORE MD

Report as birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

y & Co., City Printers and Stationers.

8224114

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third Child.

Sex, (state whether male or female) Male.

2. Race or Color, (if not of the white race) White.

3. Date of Birth, 11th of October 1885

4. Place of Birth, (Street and Number) 310 East Pratt St.

5. Full Name of Mother, Annie Maloney.

6. Mother's Maiden Name, Castley.

7. Mother's Birthplace, Wexford Co. Ireland.

8. Full Name of Father, Michael Maloney.

9. Father's Occupation, Workingman.

10. Father's Birthplace, Wexford Co. Ireland.

Name of Medical Attendant, or other Person who makes this Return. Mr. Wiley.

Address, #12 Patterson Park Ave.

Remarks,

HEALTH DEPARTMENT OCT 19 1885 BIRTH RECORD

City Printers and Stationers.

82 1115

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
OCT 17 1885
BALTIMORE MD

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	7th
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Oct 11th 1885
4. *Place of Birth, (Street and Number)*	116 S Paca St
5. *Full Name of Mother,*	Emma Sackenman
6. *Mother's Maiden Name,*	" Colen
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	Gabriel M Sackenman
9. *Father's Occupation,*	Merchant Tailor
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Theodore Cooley M.D.
Address,	116 Paca St
Remarks,	

Penalties and forfeitures are recoverable.

City Printers and Stationers.

82416

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
OCT 19 1885
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First Child

1. *Sex (state whether male or female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* October 11th 1885
4. *Place of Birth (Street and Number)* 26" Ensor St.
5. *Full Name of Mother* Anna [redacted] Hinkel
6. *Mother's Maiden Name* Diedrichs
7. *Mother's Birthplace* Balto. Md.
8. *Full Name of Father* John Hinkel
9. *Father's Occupation* Tailor
10. *Father's Birthplace* Balto Md.

Name of Medical Attendant, or other Person who makes this Return Francis A. Sauer M. D.

Address 105 N. Central Ave.

Remarks Instrumental Labor.

NOTICE

The succeeding document was received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

82417

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, OCT 13 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

Sex, (state whether male or female) Male

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* Oct 12,

4. *Place of Birth, (Street and Number)* 361 N Broadway

5. *Full Name of Mother,* Mrs Susie E Heil

6. *Mother's Maiden Name,* Mrs Susie E Gage

7. *Mother's Birthplace,* Balti Md

8. *Full Name of Father,* Chl Heil

9. *Father's Occupation,* Shoe Cutter

10. *Father's Birthplace,* Balti Md

Name of Medical Attendant, or other Person who makes this Return. A L Gage

Address, 361 N Broadway

Remarks,

City Printers and Stationers.

RETURN OF A BIRTH

82418

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) This is her first

Sex, (state whether male or female) Male Child

Race or Color, (if not of the white race)

Date of Birth, 12 day of October 1885

Place of Birth, (Street and Number) No 3. Saratoga Court

Full Name of Mother, Jenny Nelson

Mother's Maiden Name, — — — — — —

Mother's Birthplace, Lot Mary Co. Maryland

Full Name of Father, unknown

Father's Occupation, unknown

Father's Birthplace, unknown

Name of Medical Attendant, or other Person who makes this Return Harold Howard

Address, No 65 arch St Baltimore Md

Remarks, — — — — —

HEALTH DEPARTMENT OCT 13 1885 BALTIMORE

AND STATIONERS

RETURN OF A BIRTH

82419

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

Sex, (state whether male or female) Female

2. *Race or Color, (if not of the white race)* Colored

3. *Date of Birth,* Oct 12, 1883

4. *Place of Birth, (Street and Number)* 7 Bruce St

5. *Full Name of Mother,* Stella Human

6. *Mother's Maiden Name,* Stella Human

7. *Mother's Birthplace,* Frederick Md

8. *Full Name of Father,* Henry Johnson

9. *Father's Occupation,* Nothing

10. *Father's Birthplace,* Md

Name of Medical Attendant, or other Person who makes this Return. Jane Woodland

Address, 16 Bruce St

Remarks,

HEALTH DEPARTMENT, OCT 14 1885 BALTIMORE, MD.

Printers and Stationers.

RETURN OF A BIRTH.

82420

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
OCT 16 1885
BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	5
1. Sex (~~state whether~~ Male or ~~Female~~)	
2. Race or Color (if not of the white race)	White
3. Date of Birth	Oct 12
4. Place of Birth (Street and Number)	627 W Fayette St
5. Full Name of Mother	Mary Turnbull, White
6. Mother's Maiden Name	Mary Turnbull
7. Mother's Birthplace	Balt Md
8. Full Name of Father	J. D. White
9. Father's Occupation	Banker
10. Father's Birthplace	Balt Md
Name of Medical Attendant, or other Person who makes this Return.	Robt K Knox
Address	554 W Fayette St
Remarks	

82421

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5. th.

1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race) White
3. Date of Birth Oct 12. th 1885.
4. Place of Birth, (Street and Number) Baltimore 188. N. Bond St
5. Full Name of Mother, Frances. Harris.
6. Mother's Maiden Name, " " Guy.
7. Mother's Birthplace, Virginia
8. Full Name of Father, John W. Harris.
9. Father's Occupation, Printer
10. Father's Birthplace, Philadelphia

Name of Medical Attendant, or other Person who makes this Return. Ann Rosman.

Address, No. 10. S. Eden St.

Remarks,

HEALTH DEPARTMENT, OCT 16 1885 BALTIMORE, MD.

..., City Printers and Stationers.

RETURN OF A BIRTH

8244 2

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
OCT 16 1885
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2d
Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	
3. Date of Birth,	12th of October 1885.
4. Place of Birth, (Street and Number)	74 Chestnut St.
5. Full Name of Mother,	Mary Sunday
6. Mother's Maiden Name,	Harrison
7. Mother's Birthplace,	Germany
8. Full Name of Father,	William Sunday
9. Father's Occupation,	Baker
10. Father's Birthplace,	Germany
Name of Medical Attendant, or other Person who makes this Return.	Sarah Casper
Address,	72 E. Lombard St.
Remarks,	

...ity Printers and Stationers.

8342 3

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
OCT 16 1885
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) This is the Second Child

1. *Sex*, (state whether male or female) Female
2. *Race or Color*, (if not of the white race) White
3. *Date of Birth* The 12 of Oct 1885
4. *Place of Birth*, (Street and Number) Baltimore Marion St No 41 Rear
5. *Full Name of Mother*, Mary Anna Kearney
6. *Mother's Maiden Name*, Mary Hess
7. *Mother's Birthplace*, Baltimore
8. *Full Name of Father*, James Kearney
9. *Father's Occupation*, Laborer
10. *Father's Birthplace*, West Virginia

Name of Medical Attendant, or other Person who makes this Return. Susan Hunter

Address, 21 St Paul St

Remarks, //

report its birth to the Commissioner of Health, in the manner and within the time above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

by & Co., City Printers and Stationers.

82424

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT, OCT 18 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6
Sex, (state whether male or female)	Male
Race or Color, (if not of the white race)	White
Date of Birth,	Oct 12 1885
Place of Birth, (Street and Number)	22 Warren av
Full Name of Mother,	Sarah Morgan
Mother's Maiden Name,	Sarah Forelton
Mother's Birthplace,	Baltimore
Full Name of Father,	Thos. H. Morgan
Father's Occupation,	House Carpenter
Father's Birthplace,	Baltimore
Name of Medical Attendant, or other Person who makes this Return	H. B. Noble, Md
Address,	50 Warren av
Remarks,	

AND STATIONERS

NOTICE

The succeeding document was received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

82 425

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, OCT 19 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Oct 12th 1885
4. *Place of Birth, (Street and Number)* 30 Orleans St
5. *Full Name of Mother,* Celia Moore
6. *Mother's Maiden Name,* " Connor
7. *Mother's Birthplace,* Texas Balto. A. Md
8. *Full Name of Father,* William Moore
9. *Father's Occupation,* Salesman
10. *Father's Birthplace,* England

Name of Medical Attendant, or other Person who makes this Return. Edward J. McDevitt

Address, 54 Aisquith St

Remarks,

, City Printers and Stationers.

RETURN OF A BIRTH.

8426

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
OCT 14 1885
BALTIMORE MD

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 7 the

1. Sex, (state whether male or female) fe Male

2. Race or Color, (if not of the white race) White

3. Date of Birth 13 of Otber

4. Place of Birth, (Street and Number) No 1 Winterlings Court.

5. Full Name of Mother, Anni Eckels

6. Mother's Maiden Name, = Kosch

7. Mother's Birthplace, Merkershausen Bavaria

8. Full Name of Father, Iohn Eckels

9. Father's Occupation, Labeln

10. Father's Birthplace, Hessen Darmstadt

Name of Medical Attendant, or other Person who makes this Return. Mrs G. Weiss.

Address, No 424 Lancaster St.

Remarks, Died 20 Minuts after Birth

o., City Printers and Stationers.

82427

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
OCT 15 1885
BALTIMORE MD

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd & 4th ?

1. Sex, (state whether male or female) both female

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, Oct 13th 1885

4. Place of Birth, (Street and Number) 176 W. Biddle St

5. Full Name of Mother, Martha Gibson

6. Mother's Maiden Name, ~~Unknown~~ ?

7. Mother's Birthplace, Va

8. Full Name of Father, John Gibson

9. Father's Occupation, ?

10. Father's Birthplace, Md

Name of Medical Attendant, or other Person who makes this Return R. Winslow

Address, 201 W. Biddle St

Remarks,

CITY PRINTERS AND STATIONERS.

82428

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, OCT 15 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3d
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	Oct: 13th
4. Place of Birth, (Street and Number)	No 11 Aisquith St
5. Full Name of Mother,	Rosa Newhoff
6. Mother's Maiden Name,	Rosa Frank
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	Max: Newhoff
9. Father's Occupation,	Merchant
10. Father's Birthplace,	Ohio
Name of Medical Attendant, or other Person who makes this Return.	F. [illegible]
Address,	2 Cathedral St.
Remarks,	

City Printers and Stationers.

RETURN OF A BIRTH.

82429

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2nd
Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	
3. Date of Birth	Oct 13 1885
4. Place of Birth, (Street and Number)	43 Hanover
5. Full Name of Mother,	Minnie Shanly
6. Mother's Maiden Name,	" Hannibal
7. Mother's Birthplace,	Balto.
8. Full Name of Father,	Michael Shanly
9. Father's Occupation,	Bartender
10. Father's Birthplace,	Balto.
Name of Medical Attendant, or other Person who makes this Return.	D. Stroll M.D.
Address,	1430 E. Eden-st.
Remarks,	

HEALTH DEPARTMENT
OCT 15 1885
BALTIMORE

...o., City Printers and Stationers.

12430

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
OCT 14 1885
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Fourth
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	13th October
4. *Place of Birth, (Street and Number)*	124 Tyson st
5. *Full Name of Mother,*	Mary Hagan
6. *Mother's Maiden Name,*	Mary Cox
7. *Mother's Birthplace,*	Baltimore Md.
8. *Full Name of Father,*	Hugh Hagan
9. *Father's Occupation,*	Driver of Garbage Cart
10. *Father's Birthplace,*	Baltimore Md.
Name of Medical Attendant, or other Person who makes this Return	Mrs E. Minnick
Address,	203 Park Avenue
Remarks,	Seven months child died immediately after birth.

...KERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

8 24 31

HEALTH DEPARTMENT
OCT 16 1885
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	14
Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	
3. Date of Birth,	13th of October 1885
4. Place of Birth, (Street and Number)	59 Frederick St.
5. Full Name of Mother,	Mary Werner
6. Mother's Maiden Name,	Bacer
7. Mother's Birthplace,	Germany
8. Full Name of Father,	Gotlieb Werner
9. Father's Occupation,	Shoemaker
10. Father's Birthplace,	Germany
Name of Medical Attendant, or other Person who makes this Return.	Sarah Casper
Address,	72 E. Lombard St.
Remarks,	

City Printers and Stationers.

October 13 1885

RETURN OF A BIRTH. 82432

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
OCT 16 1885
BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) femail
2. Race or Color, (if not of the white race) white
3. Date of Birth 13
4. Place of Birth, (Street and Number) Hamburg St
5. Full Name of Mother, Mary Collins
6. Mother's Maiden Name, Mary Robertson
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Fredrick Collins
9. Father's Occupation, Gas works
10. Father's Birthplace, St George

Name of Medical Attendant, or other Person who makes this Return. Mrs M. R. Lusby

Address, Heath St No 16

Remarks, Doing well

...City Printers and Stationers.

824633

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, OCT 19 1885 BALTIMORE, MD

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) Dark Brown

3. Date of Birth 13 of October 1885

4. Place of Birth, (Street and Number) 168 Pine St

5. Full Name of Mother, Hannah Starks

6. Mother's Maiden Name, Hannah Brown

7. Mother's Birthplace, Baltimore County

8. Full Name of Father, Arthur Starks

9. Father's Occupation, Oyster Shucker

10. Father's Birthplace, Annearundel County

Name of Medical Attendant, or other Person who makes this Return. Louisa Lane

Address, 118 Jasper St

Remarks,

... City Printers and Stationers.

821431

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT, OCT 19 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

Sex, (state whether male or female) Female

Race or Color, (if not of the white race) African

Date of Birth, Oct 13th 1885

Place of Birth, (Street and Number) No 3 Stockton St.

Full Name of Mother, Ida Robison

Mother's Maiden Name, Rhodes

Mother's Birthplace, Howard Co Md

Full Name of Father, Stephen Robison

Father's Occupation, Laborer

Father's Birthplace, Charles Co Md

Name of Medical Attendant, or other Person who makes this Return. E. I. Hall M.D.

Address, 192 N. Carey St

Remarks,

ER & STATIONER, BALT.

RETURN OF A BIRTH

8243

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
OCT 19 1885
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
Sex, (state whether male or female)	Female
Race or Color, (if not of the white race)	Colored
Date of Birth,	Oct 13th 1885
Place of Birth, (Street and Number)	No 33. Camel Alley
Full Name of Mother,	Mary Robison
Mother's Maiden Name,	" "
Mother's Birthplace,	Richmon Va
Full Name of Father,	John Robison
Father's Occupation,	Sailor
Father's Birthplace,	Balto Baltimore Co.
Name of Medical Attendant, or other Person who makes this Return	Lucy Cornish
Address,	13 Jorden Alley
Remarks,	

AND STATIONERS

89436

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, OCT 15 1885 BALTIMORE, MD.

No. of Child of Mother, (~~state whether 1st, 2d~~, 3d, &c.)

1. Sex, (~~state whether~~ male ~~or female~~)

2. Race or Color, (~~if not of the~~ white race)

3. Date of Birth, Oct 14th /85.

4. Place of Birth, (Street and Number) 35 N. Fremont St.

5. Full Name of Mother, Annie Steever.

6. Mother's Maiden Name, Annie Parks

7. Mother's Birthplace, Balto Co. Md.

8. Full Name of Father, Harrie Steever.

9. Father's Occupation, Clerk.

10. Father's Birthplace, Baltimore City Md.

Name of Medical Attendant, or other Person who makes this Return. John I. R. Frazer. Md.

Address, 273. Lexington St.

Remarks, Premature, bet 5 & 6th Month, Died in 15 Minutes after Delivery

ty Printers and Stationers.

82437

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, OCT 16 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1.

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) White.
3. Date of Birth, 14.
4. Place of Birth, (Street and Number) Register street 206.
5. Full Name of Mother, Elizitetha Beaukes.
6. Mother's Maiden Name, /
7. Mother's Birthplace, Baltimore.
8. Full Name of Father, Charles Cooksy.
9. Father's Occupation, Laborer.
10. Father's Birthplace, Baltimore.

Name of Medical Attendant, or other Person who makes this Return. Mary Conner III

Address, Patterson Park Avenue

Remarks,

City Printers and Stationers.

RETURN OF A BIRTH

82438

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
OCT 16 1885
BALTIMORE MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 first

Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) white

3. Date of Birth, October 14 1885.

4. Place of Birth, (Street and Number) 491 w. Pratt st.

5. Full Name of Mother, Annie Regina Livingston

6. Mother's Maiden Name, Annie Regina Harly

7. Mother's Birthplace, Baltimore City

8. Full Name of Father, William Albert Livingston

9. Father's Occupation, Telegraph Operator

10. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other Person who makes this Return, Mrs. Kunigunda Schlifer

Address, 20 Columbia ave.

Remarks,

City Printers and Stationers.

RETURN OF A BIRTH.

82439

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Balto Oct 17th 1885.

HEALTH DEPARTMENT, OCT 17 1885 BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd.

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) White.
3. Date of Birth Balto Oct 14th 1885.
4. Place of Birth, (Street and Number) 152 Alice Ann St.
5. Full Name of Mother, Stanistana Bakatska.
6. Mother's Maiden Name, Stanistana Sigak.
7. Mother's Birthplace, Germany.
8. Full Name of Father, Walenzet Bakatska.
9. Father's Occupation, Laborer.
10. Father's Birthplace, Germany.

Name of Medical Attendant, or other Person who makes this Return. Mrs Mary Smend

Address, 137 South Wolfe St

Remarks,

...City Printers and Stationers.

821140

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Balto Oct 17th 1885.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6th

Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White.

3. Date of Birth Balto Oct 14th 1885.

4. Place of Birth, (Street and Number) 157 Eden St,

5. Full Name of Mother, Johanna Brandau.

6. Mother's Maiden Name, Johanna Steube.

7. Mother's Birthplace, America.

8. Full Name of Father, Edward Baandau.

9. Father's Occupation, Carpenter.

10. Father's Birthplace, America.

Name of Medical Attendant, or other Person who makes this Return, Mrs Mary Amend,

Address, 137 South Wolfe St.

Remarks,

HEALTH DEPARTMENT OCT 17 1885 BALTIMORE, MD.

...o., City Printers and Stationers.

82441

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
OCT 17 1885
BALTIMORE

No. of Child of Mother, (state whether ~~1st~~, 2d, ~~3d~~, &c.)	3rd "
1. Sex (state whether Male or ~~Female~~)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	October 14th " 1885
4. Place of Birth (Street and Number)	# 295 Columbia Ave.
5. Full Name of Mother	Elvie L. Springer
6. Mother's Maiden Name	" " Thomas
7. Mother's Birthplace	Maryland
8. Full Name of Father	Eugene D. Springer
9. Father's Occupation	Mechanic
10. Father's Birthplace	Maryland
Name of Medical Attendant, or other Person who makes this Return.	J. Ridgely Hammond M. D.
Address	No. 148 North Carey Street
Remarks	Child - Normal -

RETURN OF A BIRTH

S21442

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPART... OCT 17 1885 BALTIMORE MD

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
Sex, (state whether male or female)	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Oct 14th 1885
4. *Place of Birth, (Street and Number)*	334 N Stricker St
5. *Full Name of Mother,*	Olivia J Bayles
6. *Mother's Maiden Name,*	" " Windsor
7. *Mother's Birthplace,*	Accomac Co Va
8. *Full Name of Father,*	Percy L Bayles
9. *Father's Occupation,*	Commission Merchant
10. *Father's Birthplace,*	England
Name of Medical Attendant, or other Person who makes this Return.	Theodore Cator M.D.
Address,	140 Hanover St
Remarks,	

...ity Printers and Stationers.

Over

82443

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT, OCT 19 1885 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

Sex, (state whether male or female) male Carson Schumacher ~~Barschumacher~~

Race or Color, (if not of the white race) White

Date of Birth, Oct 14 1885

Place of Birth, (Street and Number) 201 Myrtle Av

Full Name of Mother, Minnie E. Schumacher

Mother's Maiden Name, Buckheimer

Mother's Birthplace, Baltimore Md

Full Name of Father, Carson Schumacher

Father's Occupation, Tobacconist

Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. E. N. Hall M. D.

Address, 192 N. Carey st

Remarks, one of two Sisters married on the same day and Children born within days of each other. in the same house both Boys

R & STATIONER, BALT.

82444

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, OCT 19 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 nd

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth, Oct 14th 1885

4. Place of Birth, (Street and Number) 90 N. Gay St.

5. Full Name of Mother, Sarah E. Blanchard

6. Mother's Maiden Name, " " Meredith

7. Mother's Birthplace, Washington D.C.

8. Full Name of Father, William H. Blanchard

9. Father's Occupation, Shooting Gallery.

10. Father's Birthplace, Washington D.C.

Name of Medical Attendant, or other Person who makes this Return. Edward P. McDevitt

Address, 57 Cosquette St.

Remarks, Period of Gestation 7 months child still living with good prospects.

ty Printers and Stationers.

82445

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
OCT 19 1885
BALTIMORE, MD.

. of Child of Mother. (state whether 1st, 2d, 3d, &c.)	Second Child
Sex, (state whether male or female)	Male
Race or Color, (if not of the white race)	Light Brown Skin
Date of Birth,	October the 14
Place of Birth, (Street and Number)	Baltimore, horses Court, N 11
Full Name of Mother,	Annie Rigby Bessie
Mother's Maiden Name,	Annie Rigby
Mother's Birthplace,	Chestertown
Full Name of Father,	George Washington Bessie
Father's Occupation,	Sailing
Father's Birthplace,	Chestertown
Name of Medical Attendant, or other Person who makes this Return	Annie Johnson
Address,	103 Plum Alley, Near Cross
Remarks,	Live born died on the 17. at 7 o'clock

please to come and put it a way soon as you can

...ND STATIONERS

RETURN OF A BIRTH

82446

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT, OCT 15 1885 BALTIMORE, MD.

Name: Edna Howard Ward

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6th.
Sex, (state whether male or female)	Female
Race or Color, (if not of the white race)	White.
Date of Birth,	Oct. 15. 85.
Place of Birth, (Street and Number)	23 N. Pulaski St.
Full Name of Mother,	Laura Ward.
Mother's Maiden Name,	McKnew.
Mother's Birthplace,	Balt.
Full Name of Father,	E. D. Ward.
Father's Occupation,	Telegrapher.
Father's Birthplace,	Md.
Name of Medical Attendant, or other Person who makes this Return	Dr W. P. Morgan
Address,	114 W. Monument St.
Remarks,	

CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

82447

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) Light complexion

3. Date of Birth, October 15th 1885

4. Place of Birth, (Street and Number) 80 Raborg St

5. Full Name of Mother, Lucy Stokes

6. Mother's Maiden Name, " Bean

7. Mother's Birthplace, Virginia

8. Full Name of Father, George Stokes

9. Father's Occupation, Stevedore

10. Father's Birthplace, Virginia

Name of Medical Attendant, or other Person who makes this Return. Amelia Johnson

Address, 6 Hamilton St

Remarks,

HEALTH DEPARTMENT OCT. 17 1885 BALTIMORE, MD.

persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

Co., City Printers and Stationers.

82448

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 Child

Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Oct 15 th 1885

4. Place of Birth, (Street and Number) 39 Burke St

5. Full Name of Mother, Maggie Shrader

6. Mother's Maiden Name, Haag

7. Mother's Birthplace, Germaney

8. Full Name of Father, Henry Shrader

9. Father's Occupation, Brush Maker

Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs Wiley

Address, No 12 Patterson Park av

Remarks,

HEALTH DEPARTMENT, OCT 17 1885 BALTIMORE, MD.

for each offence to be recovered as other fines and forfeitures are recoverable.

..., City Printers and Stationers.

RETURN OF A BIRTH

82449

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, OCT 19 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5 d.

1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race) White
3. Date of Birth, October 15.
4. Place of Birth, (Street and Number) 666 Light st.
5. Full Name of Mother, Annie Witthowski
6. Mother's Maiden Name, " Ewertowski
7. Mother's Birthplace, Prussia.
8. Full Name of Father, August Witthowski
9. Father's Occupation, Labor Man.
10. Father's Birthplace, Prussia.

Name of Medical Attendant, or other Person who makes this Return. Annie Jeans.

Address, 634 Light St.

Remarks,

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

Co., City Printers and Stationers.

82450

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Balto Oct 17th 1885.

HEALTH DEPARTMENT, OCT 19 1885 BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

Sex, (state whether male or female) Male.

2. Race or Color, (if not of the white race) White.

3. Date of Birth Balto Oct 15th 1885.

4. Place of Birth, (Street and Number) 112 Eastern Ave.

5. Full Name of Mother, Lizzie Seidler.

6. Mother's Maiden Name, Lizzie Sachs.

7. Mother's Birthplace, Germany.

8. Full Name of Father, Sebastian Seidler

9. Father's Occupation, Laborer.

Father's Birthplace, Germany.

Name of Medical Attendant, or other Person who makes this Return. Mrs. Mary Amend.

Address, 131 South Wolfe St.

Remarks, O K

for each offence to be recovered as other fines and forfeitures are recoverable.

& Co., City Printers and Stationers.

82451

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2d Child.
● *Sex, (state whether male or female)*	Female.
2. *Race or Color, (if not of the white race)*	White.
3. *Date of Birth*	Oct. 16. 1885
4. *Place of Birth, (Street and Number)*	431 N. Central Ave.
5. *Full Name of Mother,*	Annie E. Boyle.
6. *Mother's Maiden Name,*	Annie E. Brooks.
7. *Mother's Birthplace,*	Baltimore.
8. *Full Name of Father,*	Jno. Boyle.
9. *Father's Occupation,*	Clerk.
● *Father's Birthplace,*	Baltimore.
Name of Medical Attendant, or other Person who makes this Return.	Jno. F. Powell M.D.
Address,	98 St. Paul St. Extended
Remarks,	Child - Healthy

HEALTH DEPARTMENT, OCT 17 1885 BALTIMORE, MD.

for each offence to be recovered as other fines and forfeitures are recoverable.

& Co., City Printers and Stationers.

82452

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, OCT 19 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

Sex, (state whether male or female) Male

2. *Race or Color, (if not of the white race)* Col.

3. *Date of Birth,* Oct 16th

4. *Place of Birth, (Street and Number)* 227 Chestnut Alley

5. *Full Name of Mother,* Mary Jennings

6. *Mother's Maiden Name,* J

7. *Mother's Birthplace,* City

8. *Full Name of Father,*

9. *Father's Occupation,*

Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return. OFFICE H. F. HILL, M. D.,

Address, EDMONDSON AVE. & SCHROEDER ST. BALTIMORE, MD.

Remarks,

for each offence to be recovered as other fines and forfeitures are recoverable.

o., City Printers and Stationers.

82453

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. [illegible] *Child of Mother, (state whether 1st, 2d, 3d, &c.)* 3

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,*
4. *Place of Birth, (Street and Number)* 46 Davis St
5. *Full Name of Mother,*
6. *Mother's Maiden Name,* Sarah Williams
7. *Mother's Birthplace,* Prince Georges Co
8. *Full Name of Father,* Frank Hutchins
9. *Father's Occupation,*
10. *Father's Birthplace,* Easton Shore

Name of Medical Attendant, or other Person who makes this Return Mrs Charity Jones

Address, 79 Gravel alley

Remarks,

HEALTH DEPARTMENT OCT 17 1935 BALTIMORE

CO., CITY PRINTERS AND STATIONERS.

67454

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) Negro.
3. Date of Birth, Oct. 17, 1885.
4. Place of Birth, (Street and Number) 29 Martin Al.
5. Full Name of Mother, Margaret Green
6. Mother's Maiden Name, " Tilman
7. Mother's Birthplace, Maryland
8. Full Name of Father, Edward Green,
9. Father's Occupation, Laborer
10. Father's Birthplace, Virginia

Name of Medical Attendant, or other Person who makes this Return Jas. M. Craighill

Address, 406 N. Charles St.

Remarks,

HEALTH DEPARTMENT, OCT 18 1885, BALTIMORE, MD

duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

8344 15

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, OCT 19 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) W

3. Date of Birth, Oct. 17. 1885

4. Place of Birth, (Street and Number), 233 Fawn St,

5. Full Name of Mother, Fannie C. Mathews,

6. Mother's Maiden Name, Ruth,

7. Mother's Birthplace, Balto.

8. Full Name of Father, Jos. L. Mathews,

9. Father's Occupation, Butcher,

Father's Birthplace, Balto

Name of Medical Attendant, or other Person who makes this Return J. F. Bale M.D.

Address, 257 Fawn St

Remarks,

any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

PRINTERS AND STATIONERS.

NOTICE

The succeeding document was received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

82456

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
OCT 19 1885
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Oct 17th 1885

4. Place of Birth, (Street and Number) No 688 South Charles st

5. Full Name of Mother, Mary L Harrington

6. Mother's Maiden Name, Mary L Hinton

7. Mother's Birthplace, Baltimore Co, md

8. Full Name of Father, Wm F Harrington

9. Father's Occupation, Mariner

10. Father's Birthplace, Dorchester Co md

Name of Medical Attendant, or other Person who makes this Return. E. Hinton

Address, No 668 South Charles St

Remarks,

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

82457

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, OCT 19 1885 BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2

Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth 17 of October

4. Place of Birth, (Street and Number) No 11 Williamson St

5. Full Name of Mother, Mary Seibert

6. Mother's Maiden Name, Mary Schafer

7. Mother's Birthplace, Baltimore

8. Full Name of Father, John Seibert

9. Father's Occupation, Engineer

Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. Sabina Gueshake

Address, No 128 West St

Remarks,

for each offence to be recovered as other fines and forfeitures are recoverable.

& Co., City Printers and Stationers.

NOTICE

The succeeding documents were received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

RETURN OF A BIRTH

8248

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 18 Oct 1885
4. *Place of Birth, (Street and Number)* 140 Chapel st
5. *Full Name of Mother,* Mary Kovratil
6. *Mother's Maiden Name,* Mary Kovratil
7. *Mother's Birthplace,* Bohemia
8. *Full Name of Father,* Andrew Kovratil
9. *Father's Occupation,* Tailor
10. *Father's Birthplace,* Bohemia

Name of Medical Attendant, or other Person who makes this Return. Mary Kofstad

Address, 69 ½ Washington st

Remarks,

HEALTH DEPARTMENT, OCT 2 1885, BALTIMORE, MD.

be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH.

8 2459

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3

Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth 18 of October

4. Place of Birth, (Street and Number) No 6 " 18 Elizabeth, Lane

HEALTH DEPARTMENT OCT 19 1885 BALTIMORE, MD

5. Full Name of Mother, Mary Morton

6. Mother's Maiden Name, Mary Sears

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Robt Morton

9. Father's Occupation, Steel Worker

Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. Selina Greenlaw

Address, No 198 West St

Remarks,

for each offence to be recovered as other fines and forfeitures are recoverable.

A. Co., City Printers and Stationers.

82460

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3 (Twines)

Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth 18 Oct

4. Place of Birth, (Street and Number) No. 41 Garrett Av

5. Full Name of Mother, Maggie Scharney (Scharnagl)

6. Mother's Maiden Name, Maggie Long

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Joseph Scharney

9. Father's Occupation, Labor

Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. Sabina Greshaber

Address, No. 122 West St

Remarks, One Died, She Feel and Hurt Her Self, Lived 15 Minutes, Full Time

HEALTH DEPARTMENT, OCT 19 1885 BALTIMORE, MD.

for each offence to be recovered as other fines and forfeitures are recoverable.

& Co., City Printers and Stationers.

RETURN OF A BIRTH

8246 1

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First child

1. *Sex, (state whether male or female)* male.

2. *Race or Color, (if not of the white race)* white

3. *Date of Birth,* October 3rd 1885

4. *Place of Birth, (Street and Number)* 139 High St (North)

5. *Full Name of Mother,* Eliza Sara Wolf

6. *Mother's Maiden Name,* Eliza Miller

7. *Mother's Birthplace,* Russia

8. *Full Name of Father,* Barnet Wolf

9. *Father's Occupation,* Ped Tailor

10. *Father's Birthplace,* Russia

Name of Medical Attendant, or other Person who makes this Return. E Schirmann

Address, 26 Albemarle St

Remarks,

HEALTH DEPARTMENT
OCT 26 1885
BALTIMORE, MD.

Co., City Printers and Stationers.

82462

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5th

Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth Oct. 3rd 1885

4. Place of Birth, (Street and Number) #140 Harford Ave.

5. Full Name of Mother, Mary Morgan

6. Mother's Maiden Name, " Burke

7. Mother's Birthplace, Balto. Md.

8. Full Name of Father, John Morgan

9. Father's Occupation, Silver Plater

Father's Birthplace, Balto Md.

Name of Medical Attendant, or other Person who makes this Return. Mrs. Anna Hillegeist

Address, #182 E. Monument St.

Remarks,

HEALTH DEPARTMENT
OCT 21 1885
BALTIMORE, MD.

for each offence to be recovered as other fines and forfeitures are recoverable.

& Co., City Printers and Stationers.

8216 3

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	First
1. *Sex*, (state whether male or female)	Female
2. *Race or Color*, (if not of the white race)	W.
3. *Date of Birth*	Oct. 6 1885
4. *Place of Birth*, (Street and Number)	143 Castle St.
5. *Full Name of Mother*,	Marie Peeka
6. *Mother's Maiden Name*,	Hampl
7. *Mother's Birthplace*,	Bohemia
8. *Full Name of Father*,	John Peeka
9. *Father's Occupation*,	Tailor
10. *Father's Birthplace*,	Bohemia
Name of Medical Attendant, or other Person who makes this Return.	Josephine Conrad
Address,	20 Barnes St. City
Remarks,	

HEALTH DEPARTMENT OCT 22 1885 BALTIMORE, MD.

...hy & Co., City Printers and Stationers.

83464

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
OCT 3 1 '85
BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) white

3. Date of Birth ~~105 N. High st.~~ Oct. 7th 1883

4. Place of Birth, (Street and Number) 105 N. High st.

5. Full Name of Mother, Mary Kaufman

6. Mother's Maiden Name, Schultheis

7. Mother's Birthplace, Europe

8. Full Name of Father, Theodore Kaufman

9. Father's Occupation, Tailor

10. Father's Birthplace, Europe

Name of Medical Attendant, or other Person who makes this Return. Mrs. C. Bernstein

Address, 49 S. Exeter st.

Remarks,

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

...g & Co., City Printers and Stationers.

RETURN OF A BIRTH.

83165

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (staie whether 1st, 2d, 3d, &c.) 1st

Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) white

3. Date of Birth Oct. 7th 1885

4. Place of Birth, (Street and Number) 54 Harrison st.

5. Full Name of Mother, Anna Franz

6. Mother's Maiden Name,

7. Mother's Birthplace, Europe

8. Full Name of Father, John Franz

9. Father's Occupation, Baker

10. Father's Birthplace, Europe

Name of Medical Attendant, or other Person who makes this Return. Mrs. B. Bernstein

Address, 49 S. Exeter st.

Remarks,

HEALTH DEPARTMENT
OCT 3 1885
BALTIMORE MD.

Co., City Printers and Stationers.

RETURN OF A BIRTH. 82166

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex*, (state whether male or female) male
2. *Race or Color*, (if not of the white race) white
3. *Date of Birth* Oct. 7th 1885
4. *Place of Birth*, (Street and Number) 223½ N. Pratt St.
5. *Full Name of Mother*, Fanny Marzelewsky
6. *Mother's Maiden Name*,
7. *Mother's Birthplace*, Europe
8. *Full Name of Father*, Isaac Marzelewsky
9. *Father's Occupation*, Tailor
10. *Father's Birthplace*, Europe

Name of Medical Attendant, or other Person who makes this Return. Mrs. C. Bernstein

Address, 49 S. Exeter st.

Remarks,

HEALTH DEPARTMENT
OCT 31 85
BALTIMORE MD

...phy & Co., City Printers and Stationers.

82467

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT, OCT 21 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Cat the 7th

1. Sex, (state whether male or female) female. Colard
2. Race or Color, (if not of the white race)
3. Date of Birth, Oct 7
4. Place of Birth, (Street and Number) Number. 35. Vincen. aly.
5. Full Name of Mother, an. knealuer
6. Mother's Maiden Name, Mrs. Watson
7. Mother's Birthplace, Wasington. D C
8. Full Name of Father, Wricht Watson
9. Father's Occupation, Wood. Sawer
10. Father's Birthplace, Easton. Shore. Md.

Name of Medical Attendant, or other Person who makes this Return. Mrs. Carline Anderson

Address, No. 26 Vincen Aly

Remarks,

NTER & STATIONER, BALT.

82468

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, OCT 20 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th child

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 8th day of Oct 1885
4. *Place of Birth, (Street and Number)* 414 Scott St Balto Md
5. *Full Name of Mother,* Mrs Maggie Bury
6. *Mother's Maiden Name,* Miss Maggie Kenney
7. *Mother's Birthplace,* Baltimore Md
8. *Full Name of Father,* Mr. David Bury
9. *Father's Occupation,* Pipe Maker
10. *Father's Birthplace,* Baltimore Md

Name of Medical Attendant, or other Person who makes this Return Mrs. Beatley

Address, Rutland St Balto Md

Remarks, Their is none, the Baby is well and Heathey

any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

PRINTERS AND STATIONERS.

82469

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 7

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) White
3. Date of Birth 8 October
4. Place of Birth, (Street and Number) 161 Chestnut St.
5. Full Name of Mother, Mary Myer
6. Mother's Maiden Name, " Deitz
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Henry Mayer
9. Father's Occupation, Salesman
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs Rosa Ulbrich

Address, 48 Holland St

Remarks, Baltimore

HEALTH DEPARTMENT OCT 21 1885 BALTIMORE MD.

for each offence to be recovered as other fines and forfeitures are recoverable.

A Co., City Printers and Stationers.

82470

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) white

3. Date of Birth 8 October

4. Place of Birth, (Street and Number) 66 E. Monument St

5. Full Name of Mother, Maggie Noah

6. Mother's Maiden Name, " Abel

7. Mother's Birthplace, Balt. Md.

8. Full Name of Father, Max Noah

9. Father's Occupation, Laborer

10. Father's Birthplace, Europe

Name of Medical Attendant, or other Person who makes this Return. Mrs Rosa Ullrich

Address, 48 Holland St Balt Md.

Remarks,

HEALTH DEPARTMENT OCT 21 1885 BALTIMORE, MD.

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

& Co., City Printers and Stationers.

RETURN OF A BIRTH.

82471

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	8 th
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	W.
3. *Date of Birth*	Oct. 9 1884
4. *Place of Birth, (Street and Number)*	N. Exeter
5. *Full Name of Mother*	Mary Pieka
6. *Mother's Maiden Name,*	~~Ve~~ Rennicke
7. *Mother's Birthplace,*	Bohemia
8. *Full Name of Father,*	Venceslaus Pieka
9. *Father's Occupation,*	Wagner
10. *Father's Birthplace,*	Bohemia
Name of Medical Attendant, or other Person who makes this Return.	Josefine Conrad
Address,	20 Barnes St.
Remarks,	City.

HEALTH DEPARTMENT OCT 22 1885 BALTIMORE MD.

for each offence to be recovered as other fines and forfeitures are recoverable.

& Co., City Printers and Stationers.

82472

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, OCT 20 1885 BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth* Oct 9th 1885
4. *Place of Birth, (Street and Number)* Shields Alley near Townsend st
5. *Full Name of Mother,* Catherine Hyman
6. *Mother's Maiden Name,* Catherine Dorsey
7. *Mother's Birthplace,*
8. *Full Name of Father,* Thomas Hyman
9. *Father's Occupation,* Coachman
10. *Father's Birthplace,* Balto md

Name of Medical Attendant, or other Person who makes this Return. Hester Motence

Address, 39 Little monument st

Remarks,

for each offence to be recovered as other fines and forfeitures are recoverable.

& Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, OCT 20 1885, BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Oct 10th 1885
4. Place of Birth, (Street and Number) 252 Washington Ave
5. Full Name of Mother, Emma A Ther
6. Mother's Maiden Name, Emma Hannch
7. Mother's Birthplace, Germany
8. Full Name of Father, Wm. G. Arthur
9. Father's Occupation, Machinist
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Mary E. Bentley

Address, No 90 Rinehart st

Remarks, Child living

any person or persons who shall neglect or refuse to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

PRINTERS AND STATIONERS.

824174

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
OCT 21 1885
BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 8

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) White
3. Date of Birth 10 October
4. Place of Birth, (Street and Number) 24 May St
5. Full Name of Mother, Katie Neuman
6. Mother's Maiden Name, " Helfenbein
7. Mother's Birthplace, Europe
8. Full Name of Father, Henry Neuman
9. Father's Occupation, Baker
10. Father's Birthplace, Europe

Name of Medical Attendant, or other Person who makes this Return. Mrs Rosa Ulrich

Address, 48 Holland St Balt. Md.

Remarks,

for each offence to be recovered as other fines and forfeitures are recoverable.

& Co., City Printers and Stationers.

RETURN OF A BIRTH.

8247

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Second
1. *Sex*, (state whether male or female)	Female
2. *Race or Color*, (if not of the white race)	White
3. *Date of Birth*	Oct 10 1885
4. *Place of Birth*, (Street and Number)	37 Barre
5. *Full Name of Mother*,	Anna S Ticha
6. *Mother's Maiden Name*,	" Hula
7. *Mother's Birthplace*,	Bohemia
8. *Full Name of Father*,	Joseph Ticha
9. *Father's Occupation*,	Shoemaker
10. *Father's Birthplace*,	Bohemia
Name of Medical Attendant, or other Person who makes this Return.	Josephine Conrad
Address,	20 Barre St
Remarks,	City

HEALTH DEPARTMENT OCT 22 1885 BALTIMORE

for each offence to be recovered as other fines and forfeitures are recoverable.

& Co., City Printers and Stationers.

RETURN OF A BIRTH.

82476

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) First

Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) W. C.

3. Date of Birth Oct 10 1885

4. Place of Birth, (Street and Number) 242 N. Dipkan, 11

5. Full Name of Mother, Josephine Shimanek

6. Mother's Maiden Name, Benda

7. Mother's Birthplace, Bohemia John Shimanek

8. Full Name of Father, Blacksmith

9. Father's Occupation, Bohemia

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return. Josephine Comra

Address, 20 Barre St.

Remarks, City

HEALTH DEPARTMENT
OCT 22 1885
BALTIMORE, MD.

or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to a penalty of ten dollars for each offence to be recovered as other fines and forfeitures are recoverable.

y & Co., City Printers and Stationers.

82477

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, OCT 20 1885 BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 7th

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth Oct 11th 1885
4. Place of Birth, (Street and Number) 297 W. Biddle street
5. Full Name of Mother, Mary E Grandison
6. Mother's Maiden Name, Mary E Carter
7. Mother's Birthplace, Balto md
8. Full Name of Father, Charles H Grandison
9. Father's Occupation, Drayman
10. Father's Birthplace, Balto md

Name of Medical Attendant, or other Person who makes this Return. Hester Cotance

Address, 39 Little monument street

Remarks,

for each offence to be recovered as other fines and forfeitures are recoverable.

Co., City Printers and Stationers.

82478

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, OCT 20 1885 BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th

Sex, (state whether male or female) male

2. *Race or Color, (if not of the white race)* Colored

3. *Date of Birth* Oct 11th 18[illegible]

4. *Place of Birth, (Street and Number)* 127 Chestnut Alley

5. *Full Name of Mother,* Eliza Mulock

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,* Fredrick Co. M.D.

8. *Full Name of Father,* Ephraim Mulock

9. *Father's Occupation,* Laborer

10. *Father's Birthplace,* Eastern Shore M.D.

Name of Medical Attendant, or other Person who makes this Return. Hester Balance

Address, 35 Little Monument St

Remarks,

for each offence to be recovered as other fines and forfeitures are recoverable.

& Co., City Printers and Stationers.

RETURN OF A BIRTH

82479

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
OCT 21 1885
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) This is the 7th

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Oct 11th 1885

4. Place of Birth, (Street and Number) No 5 Cooksey St Locust Point Road

5. Full Name of Mother, Anna ~~Robinson~~ Massey

6. Mother's Maiden Name, Anna Robinson

7. Mother's Birthplace, England

8. Full Name of Father, Henry Massey

9. Father's Occupation, Potter

10. Father's Birthplace, England

Name of Medical Attendant, or other Person who makes this Return. Mrs Ettel

Address, No 63 Cooksey St

Remarks,

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

Co., City Printers and Stationers.

82480

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) Oct 11 th 1885 2 P M

3. Date of Birth,

4. Place of Birth, (Street and Number) 153 N Wolfe st Bal

5. Full Name of Mother, Sarah Ellen Faulkner

6. Mother's Maiden Name, Sarah Ellen Jefferson

7. Mother's Birthplace, Baltimore Md

8. Full Name of Father, Elbridge Rohd Faulkner

9. Father's Occupation, Salesman

10. Father's Birthplace, Easton Md

Name of Medical Attendant, or other Person who makes this Return. Mrs Julia Groom

Address, 466 Gay st Baltimore

Remarks,

HEALTH DEPARTMENT OCT 26 1885 BALTIMORE, MD.

for each offence to be recovered as other fines and forfeitures are recoverable.

o., City Printers and Stationers.

82481

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
OCT 26 1885
BALTIMORE MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
Sex, (state whether male or female)	male
2. *Race or Color, (if not of the white race)*	Black
3. *Date of Birth,*	Oct 11th 1885
4. *Place of Birth, (Street and Number)*	No 3 Forest st
5. *Full Name of Mother,*	Elizabeth Sales
6. *Mother's Maiden Name,*	Elizabeth Howard
7. *Mother's Birthplace,*	Baltimore city Md
8. *Full Name of Father,*	Simon Sales
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	Baltimore Md
Name of Medical Attendant, or other Person who makes this Return.	Harriett Jackson
Address,	143 Douglas St
Remarks,	excellent

For each Certificate to be Recovered as other lines and forfeitures are recoverable.

y Printers and Stationers.

RETURN OF A BIRTH.

82482

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, OCT 23 1885 BALTIMORE, MD

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2 one

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) Colored

3. Date of Birth Oct 11th

4. Place of Birth, (Street and Number) 176 preston street

5. Full Name of Mother, Florence Virginia Brown

6. Mother's Maiden Name, Coleman

7. Mother's Birthplace, Baltimore City

8. Full Name of Father, Benjamin Henry Brown

9. Father's Occupation, Labour

10. Father's Birthplace, Hawkins County Tennessee

Name of Medical Attendant, or other Person who makes this Return. Annie Johnson

Address, 94 Johnson st

Remarks,

Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3d
Sex, (state whether male or female)	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Oct 12 1885
4. *Place of Birth, (Street and Number)*	101 E. Fayette St
5. *Full Name of Mother,*	Amanda Walters
6. *Mother's Maiden Name,*	Amanda Wurzburg
7. *Mother's Birthplace,*	City
8. *Full Name of Father,*	William Walters
9. *Father's Occupation,*	Clothier
Father's Birthplace,	Germany
Name of Medical Attendant, or other Person who makes this Return	A. D. Hudelson M.D.
Address,	
Remarks,	

HEALTH DEPARTMENT OCT 25 1885 BALTIMORE, MD.

Any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

PRINTERS AND STATIONERS.

824824

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
OCT 26 1885
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5
Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	
3. Date of Birth,	13th October
4. Place of Birth, (Street and Number)	13 Little Hugh St.
5. Full Name of Mother,	Annie Matilda Lindsey
6. Mother's Maiden Name,	Rodgers
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	George Lindsey
9. Father's Occupation,	Salesman
Father's Birthplace,	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Sarah Caspes
Address,	72 E. Lombard St
Remarks,	

For each offence to be recovered as other fines and forfeitures are recoverable.

..., City Printers and Stationers.

82485

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
OCT 23 1885
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. *Sex, (state whether male or female)* 1
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Oct 13/85
4. *Place of Birth, (Street and Number)* # 378 Hollins
5. *Full Name of Mother,* Zenobia Street
6. *Mother's Maiden Name,* " Jenkins
7. *Mother's Birthplace,* Alexandria Va
8. *Full Name of Father,* Samuel Street
9. *Father's Occupation,* Feed Dealer
10. *Father's Birthplace,* Balto Md

Name of Medical Attendant, or other Person who makes this Return. H. L. Spiantro

Address, 387 W Lombard St

Remarks,

Any persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

82486

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
OCT 23 1885
BALTIMORE MD

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 7th

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) Colored

3. Date of Birth Oct 13th 1885

4. Place of Birth, (Street and Number) 12 Bolton Alley

5. Full Name of Mother, Harriet Cornell

6. Mother's Maiden Name, " Hensley

7. Mother's Birthplace, Baltimore City

8. Full Name of Father, Frederick Cornell

9. Father's Occupation, Stevedore

10. Father's Birthplace, Annapolis

Name of Medical Attendant, or other Person who makes this Return. Annie Johnson

Address, 914 Lyon street

Remarks,

Co., City Printers and Stationers.

RETURN OF A BIRTH,

82487

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
OCT 22 1885
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First.
1. *Sex (state whether male or female)*	Male.
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth*	October 13/85.
4. *Place of Birth, (Street and Number)*	745 Penna. Avenue
5. *Full Name of Mother*	Carrie V. [redacted] Kell Shipley
6. *Mother's Maiden Name*	
7. *Mother's Birthplace*	Baltimore, Md.
8. *Full Name of Father*	William F. Kell
9. *Father's Occupation*	Butcher
10. *Father's Birthplace*	Baltimore, Md.
Name of Medical Attendant, or other Person who makes this Return.	Louis W. Knight M.D.
Address	112 N. Greene St
Remarks	

RETURN OF A BIRTH.

82488

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
OCT 21 1885
BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) White

3. Date of Birth 13 October

4. Place of Birth, (Street and Number) 35 Hamstead St

5. Full Name of Mother, Lizzie Meisel

6. Mother's Maiden Name, " Trautwein

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Joseph Meisel

9. Father's Occupation, Boiler Maker

10. Father's Birthplace, Balt Md.

Name of Medical Attendant, or other Person who makes this Return. Mrs Rosa Ulrey

Address, 78 Holland St Baltimore

Remarks,

for each offence to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH.

82189

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
OCT 26 1885
BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2

Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) Colard

3. Date of Birth Octo 14th 18

4. Place of Birth, (Street and Number) 67 Vincent all

5. Full Name of Mother, Pinney Blanchie

6. Mother's Maiden Name, Pinney Maddy

7. Mother's Birthplace, North carliona Va

8. Full Name of Father, James Blanchie

9. Father's Occupation, Stevedor

Father's Birthplace, North carliona Va

Name of Medical Attendant, or other Person who makes this Return. Scholottie Williams

Address, 167 S. Howard St

Remarks, Five dollars

for each offence to be recovered as other fines and forfeitures are recoverable.

& Co., City Printers and Stationers.

RETURN OF A BIRTH

82490

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2
Sex, (state whether male or female)	Female
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	14th October
4. *Place of Birth, (Street and Number)*	43 Granby St.
5. *Full Name of Mother,*	Betty Blitz
6. *Mother's Maiden Name,*	Schultz
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Henry Blitz
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Sarah Casper
Address,	72 E. Lombard St.
Remarks,	

HEALTH DEPARTMENT
OCT 26 1885
BALTIMORE, MD.

for each offence to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH.

8 24491

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, OCT 23 1885 BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4th
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	Colored
3. *Date of Birth*	Oct 1st 1885
4. *Place of Birth, (Street and Number)*	54 Arch street
5. *Full Name of Mother,*	Mary Lizzie Queen
6. *Mother's Maiden Name,*	Holland
7. *Mother's Birthplace,*	Eastern shore Md
8. *Full Name of Father,*	Daniel Edward Queen
9. *Father's Occupation,*	Cook
10. *Father's Birthplace,*	Baltimore Md
Name of Medical Attendant, or other Person who makes this Return.	Anne Johnson
Address,	94 Tyson street
Remarks,	

be in attendance upon the mother, immediately thereafter ; shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be rec[illegible] as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH

82492

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Sixth
1. *Sex, (state whether male or female)*	female
2. *Race or Color, (if not of the white race)*	white
3. *Date of Birth,*	October 19th 1885
4. *Place of Birth, (Street and Number)*	168 Penna Ave Balto Md
5. *Full Name of Mother,*	Elizabeth J Switzer
6. *Mother's Maiden Name,*	do Dunbar
7. *Mother's Birthplace,*	Howard Co Md.
8. *Full Name of Father,*	Jacob N Switzer
9. *Father's Occupation,*	Bookkeeper
10. *Father's Birthplace,*	Balto Md
Name of Medical Attendant, or other Person who makes this Return.	Susan Hunter
Address,	21 No Poppleton St
Remarks,	

HEALTH DEPARTMENT, OCT 20 1885, BALTIMORE, MD.

, City Printers and Stationers.

RETURN OF A BIRTH

8249 3

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3d Child.
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	the 14th of October 1885.
4. Place of Birth, (Street and Number)	No. 6 Ramsey Street Balto Md.
5. Full Name of Mother,	Eliza J. Wildmann.
6. Mother's Maiden Name,	Eliza J. Bennett.
7. Mother's Birthplace,	Cumberland Md.
8. Full Name of Father,	Louis Wildmann.
9. Father's Occupation,	Hardwood finisher.
10. Father's Birthplace,	Baltimore Md.
Name of Medical Attendant, or other Person who makes this Return.	Susan Hunter
Address,	216 Pennsylvania Ave
Remarks,	

HEALTH DEPARTMENT OCT 29 1885 BALTIMORE

for each offense to be recovered as other fines and forfeitures are recovered.

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RETURN OF A BIRTH

8449

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	15th October
4. *Place of Birth, (Street and Number)*	437 Fayette St.
5. *Full Name of Mother,*	Lizzie Kingrose
6. *Mother's Maiden Name,*	Schaefer
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Edward Kingrose
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Sarah Casper
Address,	72 E. Lombard St.
Remarks,	

HEALTH DEPARTMENT
OCT 26 1885
BALTIMORE, MD.

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH

8495

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	7 Child.
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	
3. Date of Birth,	Oct 13 1885.
4. Place of Birth, (Street and Number)	46 James alley.
5. Full Name of Mother,	Magaratha Hammel
6. Mother's Maiden Name,	Muchman.
7. Mother's Birthplace,	Germany.
8. Full Name of Father,	Adam Hammel.
9. Father's Occupation,	Cooper.
10. Father's Birthplace,	Germany.
Name of Medical Attendant, or other Person who makes this Return.	J Lahvasser. Midwife.
Address,	330 Hanover st.
Remarks,	

HEALTH DEPARTMENT
OCT 26 1885
BALTIMORE, MD.

for each offence to be recovered as other fines and forfeitures are recoverable.

, City Printers and Stationers.

82496

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 14th

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth Oct. 15th 1881
4. Place of Birth, (Street and Number) 38 Harrison st.
5. Full Name of Mother, Hannah Jacobs
6. Mother's Maiden Name,
7. Mother's Birthplace, Europe
8. Full Name of Father, Solomon Jacobs
9. Father's Occupation, Butcher
10. Father's Birthplace, Europe
11. Name of Medical Attendant, or other Person who makes this Return, Libro & Bernstein

Address, 498 Exeter st.

Remarks,

HEALTH DEPARTMENT
OCT 31 1885
BALTIMORE MD

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

y & Co., City Printers and Stationers.

12497

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
OCT 23 1935
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* October 15, 1935
4. *Place of Birth, (Street and Number)* 53 Madeira Alley
5. *Full Name of Mother,* Kate McWilliams
6. *Mother's Maiden Name,* Kate Lindamen
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Robert McWilliams
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return Mary L. Swayne

Address, 59 Lizerne St

Remarks,

any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

BINTSEN AND STATIONERS.

RETURN OF A BIRTH.

82498

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3d
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth*	Oct 15th 1885
4. *Place of Birth, (Street and Number)*	32 Barre
5. *Full Name of Mother,*	Barbara Benda
6. *Mother's Maiden Name,*	" Malin
7. *Mother's Birthplace,*	Bohemia
8. *Full Name of Father,*	Jacob Benda
9. *Father's Occupation,*	Tailor
10. *Father's Birthplace,*	Bohemia
Name of Medical Attendant, or other Person who makes this Return.	Josephine Conrad
Address,	20 Barre St
Remarks,	Wit.

HEALTH DEPARTMENT OCT 22 1885 BALTIMORE

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH.

82499

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
OCT 21 1895
BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) Jewish
3. Date of Birth 15 October
4. Place of Birth, (Street and Number) 50 McElderry St.
5. Full Name of Mother, Jettie Jacobson
6. Mother's Maiden Name, " Pankes
7. Mother's Birthplace, Europe
8. Full Name of Father, Aleaous Jacobson
9. Father's Occupation, Peddler
10. Father's Birthplace, Europe
- Name of Medical Attendant, or other Person who makes this Return. Mrs Rosa Ullig
- Address, 48 Holland St
- Remarks, Balt

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

...y & Co., City Printers and Stationers.

82500

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
OCT 21 1885
BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex*, (state whether male or female) Male

● *Race or Color*, (if not of the white race) White

3. *Date of Birth* October 15th 1885

4. *Place of Birth*, (Street and Number) No 129 Broadway

5. *Full Name of Mother*, Estella Hill

6. *Mother's Maiden Name*, Estella Lamar

7. *Mother's Birthplace*, Baltimore

8. *Full Name of Father*, Stephen B. Hill

9. *Father's Occupation*, Engineer

10. *Father's Birthplace*, Pennsylvania

● *Name of Medical Attendant*, or other Person who makes this Return. Catherine Hannung

Address, No 18 Byrd st

Remarks,

For each offence to be recovered as other fines and forfeitures are recoverable.

& Co., City Printers and Stationers.

82501

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, OCT 20 1885 BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth October 15th
4. Place of Birth, (Street and Number) No 23 Balto. st
5. Full Name of Mother, Mary " König
6. Mother's Maiden Name, " Schneider
7. Mother's Birthplace, Balto.
8. Full Name of Father, H. H König
9. Father's Occupation, Shoemaker
10. Father's Birthplace, Germany
11. Name of Medical Attendant, or other Person who makes this Return. Sophia Siemon
    Address, No 71 Granby
    Remarks,

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

A Co., City Printers and Stationers.

82502

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, Oct 15/85
4. Place of Birth, (Street and Number) # 11 Lemond Alley
5. Full Name of Mother, Pollie Presco
6. Mother's Maiden Name, Pollie Bird
7. Mother's Birthplace, Elicott Mills
8. Full Name of Father, Jas Presco
9. Father's Occupation, Labor
10. Father's Birthplace, North Carolina

Name of Medical Attendant, or other Person who makes this Return Charlotte Proctor mor wife

Address, 10 Carlton St

Remarks, Perfect

HEALTH DEPARTMENT, OCT 20 1885 BALTIMORE, MD.

any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

PRINTERS AND STATIONERS.

8250 (3

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 ft

1. Sex, (state whether male or female) ~~White~~ Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Oct 16. 1885
4. Place of Birth, (Street and Number) Lawson St No 92
5. Full Name of Mother, Mollie Karber
6. Mother's Maiden Name, Mollie Cristof
7. Mother's Birthplace, Germa
8. Full Name of Father, John Karber
9. Father's Occupation, Laborer
10. Father's Birthplace, Germa
- Name of Medical Attendant, or other Person who makes this Return. Mrs Ettel
- Address, No 13 Cuba St
- Remarks,

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

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82504

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
OCT 23 1885
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5 ter Child

1. Sex, (state whether ~~male or~~ female)
2. Race or Color, (if not of the white race) White
3. Date of Birth, October the 16. 1885
4. Place of Birth, (Street and Number) Nord Haverri Aly No 15
5. Full Name of Mother, Barbara Gerstle
6. Mother's Maiden Name, Barbara Klerle.
7. Mother's Birthplace, Gschwend. K. Würtemberg. Germany
8. Full Name of Father, Andreas Gerstle.
9. Father's Occupation, Varnischer
10. Father's Birthplace, Tsperg. K Würtemberg. Germany
11. Name of Medical Attendant, or other Person who makes this Return. Mary E. Müller
    Address, N. Dallas St. No 26
    Remarks,

for each offence to be recovered as other fines and forfeitures are recoverable.

., City Printers and Stationers.

82405

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
OCT 21 1885
BALTIMORE MD

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Oct 16th
4. Place of Birth, (Street and Number) 10 Campbell st
5. Full Name of Mother, Georgeanna Nickles
6. Mother's Maiden Name, Georgeanna Forsyth
7. Mother's Birthplace, Baltimore
8. Full Name of Father, George C Nickles
9. Father's Occupation, Painter
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. Emilie Bouge

Address, 426 Cross street

Remarks,

Report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

& Co., City Printers and Stationers.

RETURN OF A BIRTH

8 2506

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second Child

1. Sex, (state whether male or female) Girl

2. Race or Color, (if not of the white race) White

3. Date of Birth, 16th of October 1885

4. Place of Birth, (Street and Number) No 20 South Fulton Ave Balto

5. Full Name of Mother, Mrs Lizzie Shoemaker

6. Mother's Maiden Name, Miss Lizzie Hamming

7. Mother's Birthplace, Born Baltimore

8. Full Name of Father, Mr John Shoemaker

9. Father's Occupation, Laborer

10. Father's Birthplace, Born Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs Killer

Address, 1017 west Pratt St

Remarks,

HEALTH DEPARTMENT, OCT 21 1885, BALTIMORE MD

for each offence to be recovered as other fines and forfeitures are recoverable.

, City Printers and Stationers.

82507

RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT, OCT 21 1885 BALTIMORE, MD.

N[illegible]f Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth Oct 16th 1885
4. Place of Birth, (Street and Number) Fremont St Cor of Elbowlane
5. Full Name of Mother Emma Linthicum
6. Mother's Maiden Name Grobaker
7. Mother's Birthplace Balto City
8. Full Name of Father George Linthicum
9. Father's Occupation Laborer
10. Father's Birthplace A A County Md

[illegible]ame of Medical Attendant, or other Person who makes this Return. I H Carney

Address 76 S Paca St

Remarks

82508

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
OCT 24 1885
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. Sex (state whether male or female)	Male
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	Oct 18 1885
4. Place of Birth, (Street and Number)	78 S Fremont St
5. Full Name of Mother,	Margaret R Shagogue
6. Mother's Maiden Name,	M R Hunrichouse
7. Mother's Birthplace,	Carroll County
8. Full Name of Father,	A M Shagogue
9. Father's Occupation,	Dentist
10. Father's Birthplace,	New York
Name of Medical Attendant, or other Person who makes this Return	Geo R Graham MD
Address,	138 Columbia Ave
Remarks,	

...TERS AND STATIONERS

RETURN OF A BIRTH

82509

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 24 1885 BALTIMORE MD

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
Sex, (state whether male or female)	Male
Race or Color, (if not of the white race)	White
Date of Birth,	Oct 16th 1885
Place of Birth, (Street and Number)	169 Washington ave
Full Name of Mother,	Alice Lyon
Mother's Maiden Name,	Alice Foster
Mother's Birthplace,	Balto Md.
Full Name of Father,	Jas Lyon
Father's Occupation,	Laborer
Father's Birthplace,	Balto Md
Name of Medical Attendant, or other Person who makes this Return	Geo R Graham M D
Address,	131 Columbia ave
Remarks,	

PS AND STATIONERS

RETURN OF A BIRTH

82510

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
OCT 21 1885
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Oct. 16 " 1885

4. Place of Birth, (Street and Number) Baltimore Scott st. No. 91

5. Full Name of Mother, Effie Galloway

6. Mother's Maiden Name, " Fox.

7. Mother's Birthplace, Penn. Mass.

8. Full Name of Father, George Galloway

9. Father's Occupation, Carpenter

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs. C. Mitchell

Address, No. 514 S. Schroder St.

Remarks,

for each offence to be recovered as other fines and forfeitures are recoverable.

., City Printers and Stationers.

NOTICE

The succeeding documents were received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

82511

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, OCT 21 1885 BALTIMORE, MD

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 7th

1. Sex, (state whether male or female) Female

Race or Color, (if not of the white race) White

3. Date of Birth October 16th 1885

4. Place of Birth, (Street and Number) No 61 Byrd st

5. Full Name of Mother, Mary Neal

6. Mother's Maiden Name, Mary Kichler

7. Mother's Birthplace, Baltimore

8. Full Name of Father, William Neal

9. Father's Occupation, Laborer

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. Catherine Hornung

Address, No 18 Byrd st

Remarks,

for each offence to be recovered as other fines and forfeitures are recoverable.

& Co., City Printers and Stationers.

82512

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) One child

1. Sex, (state whether male or female) Male

Race or Color, (if not of the white race) Colored

3. Date of Birth Oct 16 1885

4. Place of Birth, (Street and Number) 182 Mulberry St

5. Full Name of Mother, Willie Cook

6. Mother's Maiden Name, Willie Lee

7. Mother's Birthplace, North Thompkins Va

8. Full Name of Father, William Cook

9. Father's Occupation, Labor

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. Lucius Woodard

Address, 130 Register St

Remarks,

HEALTH DEPARTMENT, OCT 21 1885 BALTIMORE, MD.

...Co., City Printers and Stationers.

82513

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2
Sex, (state whether male or female)	Colored
2. *Race or Color, (if not of the white race)*	Female
3. *Date of Birth,*	Oct 16 1885
4. *Place of Birth, (Street and Number)*	Sahrung st #297
5. *Full Name of Mother,*	Julia Ecits
6. *Mother's Maiden Name,*	Julia Harris
7. *Mother's Birthplace,*	Essex Co Va
8. *Full Name of Father,*	William Harris
9. *Father's Occupation,*	Labor
10. *Father's Birthplace,*	Baltimore Md
Name of Medical Attendant, or other Person who makes this Return	Charles Proctor in [illegible]
Address,	10 Carter St
Remarks,	

HEALTH DEPARTMENT, OCT 20 1885 BALTIMORE, MD.

any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

INTERS AND STATIONERS.

RETURN OF A BIRTH

82514

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	17th October
4. *Place of Birth, (Street and Number)*	205 E. Baltimore St.
5. *Full Name of Mother,*	Caroline Dirk
6. *Mother's Maiden Name,*	C. Apfel
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Adolph Dirk
9. *Father's Occupation,*	Trunk maker
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Sarah Casper
Address,	72 E. Lombard St.
Remarks,	

HEALTH DEPARTMENT
OCT 26 1885
BALTIMORE MD

City Printers and Stationers.

82516

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

Name Louis Frank Lipsey

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) white

3. Date of Birth Oct. 17th 1883

4. Place of Birth, (Street and Number) 124 Low st.

5. Full Name of Mother, Rachel (Lipschutz) Lipsey

6. Mother's Maiden Name, " Simon

7. Mother's Birthplace, Europe

8. Full Name of Father, Jacob (Lipschutz) Lipsey

9. Father's Occupation, Pedler

10. Father's Birthplace, Europe

Name of Medical Attendant, or other Person who makes this Return. Mrs. C. Bernstein

Address, 49 S. Exeter st.

Remarks,

HEALTH DEPARTMENT
OCT 3 1883
BALTIMORE MD

For each offence to be reported as other fines and forfeitures are recoverable.

...Co., City Printers and Stationers.

82516

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th.
Sex, (state whether male or female)	Male
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	October 14, 1885
4. *Place of Birth, (Street and Number)*	56 Block St.
5. *Full Name of Mother,*	Margaret Konig
6. *Mother's Maiden Name,*	Margaret Kenner
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	George Konig Jr.
9. *Father's Occupation,*	Cracker
10. *Father's Birthplace,*	Baltimore.
Name of Medical Attendant, or other Person who makes this Return	Mary E. Swayne
Address.	59 Luzerne St.
Remarks,	

HEALTH DEPARTMENT
OCT 23 1885
BALTIMORE, MD.

any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

...NTERS AND STATIONERS.

RETURN OF A BIRTH. 82517

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) Colored

3. Date of Birth Oct 17th 1885

4. Place of Birth, (Street and Number) 207 Saratoga Street

5. Full Name of Mother, Anne Gross

6. Mother's Maiden Name, " " Reed

7. Mother's Birthplace, Accomack Thomas ~~H Gross~~ Co Virginia

8. Full Name of Father, Thomas H Gross

9. Father's Occupation, Cook

10. Father's Birthplace, Calvert Co. Md

Name of Medical Attendant, or other Person who makes this Return. Annie Johnson

Address, 96 Tyson Street

Remarks,

HEALTH DEPARTMENT OCT 23 1885 BALTIMORE MD.

for each offence to be recovered as other fines and forfeitures are recoverable.

Co., City Printers and Stationers.

NOTICE

The succeeding document was received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

82518

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH [illegible] OCT 22 1885 BALTIMORE MD

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Oct 17th 1885
4. *Place of Birth, (Street and Number)* 15 Norris St
5. *Full Name of Mother,* Sarah R Houck
6. *Mother's Maiden Name,* Sarah R Gayleard
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* John Houck
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Balto Co Md

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks, Mrs Rachael A Gayleard
674 W Pratt St

for each offense to be recovered as other fines and forfeitures are recoverable.

..., City Printers and Stationers.

82519

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
OCT 22 1885
BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth 17th October
4. Place of Birth, (Street and Number) 202 Gough street
5. Full Name of Mother, Sara Magaver
6. Mother's Maiden Name, Sara Curlo
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Sam Magaver
9. Father's Occupation, Sail maker
10. Father's Birthplace, Baltimore
- Name of Medical Attendant, or other Person who makes this Return. Mrs E. Ray
- Address, 193 South Chester st
- Remarks, Healthy Child

Co., City Printers and Stationers.

RETURN OF A BIRTH.

82520

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Second
1. *Sex*, (state whether male or female)	Male
2. *Race or Color*, (if not of the white race)	White
3. *Date of Birth*	17 Oct. 1885
4. *Place of Birth*, (Street and Number)	330 N. Washington
5. *Full Name of Mother*,	Barbara Sluka
6. *Mother's Maiden Name*,	" Chladek
7. *Mother's Birthplace*,	Bohemia
8. *Full Name of Father*,	Joseph Sluka
9. *Father's Occupation*,	Tailor
10. *Father's Birthplace*,	Bohemia
Name of Medical Attendant, or other Person who makes this Return.	Dr. Richard Conrad
Address,	20 Barnes
Remarks,	City

HEALTH DEPARTMENT, OCT 22 1885 REGISTERED

for each offence to be recovered as other fines and forfeitures are recoverable.

Co., City Printers and Stationers.

(over) 82521

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

Name of Child: Samuel E. Linthicum

HEALTH DEPARTMENT, OCT 21 1885 BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c)	2
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Oct 17. 85
4. Place of Birth (Street and Number)	Maggie (~~Lintchum~~ Linthicum)
5. Full Name of Mother	" " Russel
6. Mother's Maiden Name	167 William St
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Samuel (~~Lintchum~~ Linthicum)
9. Father's Occupation	Ship Carpenter
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Mrs Ann Nash
Address	
Remarks	

82522

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT, OCT 20 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1
1. *Sex, (state whether male or female)*	Female.
2. *Race or Color, (if not of the white race)*	White.
3. *Date of Birth,*	Oct 17/85.
4. *Place of Birth, (Street and Number)*	618 Lombard.
5. *Full Name of Mother,*	Mary Rodgers.
6. *Mother's Maiden Name,*	" Smith
7. *Mother's Birthplace,*	Ohio
8. *Full Name of Father,*	John H Rodgers
9. *Father's Occupation,*	Clerk
10. *Father's Birthplace,*	Ohio
Name of Medical Attendant, or other Person who makes this Return.	Thomas Opie M.D.
Address,	179 N. Howard St.
Remarks,	Balto.

INTER & STATIONER, BALT.

82523

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth 17 of October

4. Place of Birth, (Street and Number) No 15 Gist Lane

5. Full Name of Mother, Maggie Heyons

6. Mother's Maiden Name, Maggie Winn

7. Mother's Birthplace, Ireland

8. Full Name of Father, Mallichia Heyons

9. Father's Occupation, Blacksmith

10. Father's Birthplace, Ireland

Name of Medical Attendant, or other Person who makes this Return. Mrs Christina Sauer

Address, 173 Harford Ave

Remarks, 1885

HEALTH DEPARTMENT, OCT 20 1885 BALTIMORE, MD.

for each offence to be recovered as other fines and forfeitures are recovered.

Co., City Printers and Stationers.

82824

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics. Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
OCT 24 1883
BALTIMORE MD.

No. of Child of Mother (state whether ~~1st~~, 2d, ~~3d~~, &c.)	~~1st~~, 2d
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Oct 18th, 1883
4. Place of Birth (Street and Number)	26 St Peter St
5. Full Name of Mother	Emma Arnold
6. Mother's Maiden Name	Emma Laurence
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Eugene Arnold
9. Father's Occupation	Brick-layer
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	SE Lancing H Barclay MD
Address	33 Conway St
Remarks	

82525

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 14

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 18th October
4. *Place of Birth, (Street and Number)* 79 Exeter St
5. *Full Name of Mother,* Rosie Gemple
6. *Mother's Maiden Name,* Kahns
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Herman B. Gemple
9. *Father's Occupation,* Merchant Taylor
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Sarah Casper

Address, 72 E. Lombard St.

Remarks,

HEALTH DEPARTMENT, OCT 26 1885 BALTIMORE, MD.

...of persons who shall hereafter fail to comply with the provisions of this Return, for each offence to be recovered as other fines and forfeitures are recoverable.

...o., City Printers and Stationers.

RETURN OF A BIRTH

82526

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
OCT 24 1885
BALTIMORE MD

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th
Sex, (state whether male or female)	Female
Race or Color, (if not of the white race)	White
Date of Birth,	217 Scott St
Place of Birth, (Street and Number)	Oct 18th 1885
Full Name of Mother,	Mary F Rohleder
Mother's Maiden Name,	M F Kachele
Mother's Birthplace,	Balto Md
Full Name of Father,	John Rohleder
Father's Occupation,	Shoemaker
Father's Birthplace,	Balto Md
Name of Medical Attendant, or other Person who makes this Return	Geo R Graham MD
Address,	134 Columbia Ave
Remarks,	

...RS AND STATIONERS

RETURN OF A BIRTH.

8252

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	Colored
3. Date of Birth	Oct 18, 1885
4. Place of Birth, (Street and Number)	168 Mullikin St
5. Full Name of Mother,	
6. Mother's Maiden Name,	Mary Lizzie Macky
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	
9. Father's Occupation,	
10. Father's Birthplace,	
Name of Medical Attendant, or other Person who makes this Return.	Lucinda Marshall
Address,	130 Regester St
Remarks,	

HEALTH DEPARTMENT
OCT 24 1885
BALTIMORE, MD.

For each offence to be recovered as other fines and forfeitures are recovered.

Co. City Printers and Stationers.

RETURN OF A BIRTH

82528

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

Nellie Virginia Harrison

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) Col

3. Date of Birth, 18 Oct 1885.

4. Place of Birth, (Street and Number) 230 Ann St

5. Full Name of Mother, Georgia L. Harrison

6. Mother's Maiden Name, Ritter

7. Mother's Birthplace, Balto

8. Full Name of Father, Charles T. Harrison

9. Father's Occupation, Painter

10. Father's Birthplace, Balto.

Name of Medical Attendant, or other Person who makes this Return

Address, NAME ADDED 8-1-5R

Remarks,

HEALTH DEPARTMENT, OCT 24 1885 BALTIMORE, MD.

...O., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

82529

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
OCT 23 1885
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d Ave Child

1. Sex, (state whether ~~male or~~ female)

2. Race or Color, (if not of the white race) White

3. Date of Birth, October the 18. 1885

4. Place of Birth, (Street and Number) E. Lafayette St. No 102.

5. Full Name of Mother, Sophia Treut

6. Mother's Maiden Name, Sophia Pausch

7. Mother's Birthplace, Balto City

8. Full Name of Father, Georg Treut

9. Father's Occupation, Cigarren maker

10. Father's Birthplace, Niederflorstadt. Gr. Hessen. Germany

Name of Medical Attendant, or other Person who makes this Return, Mary E. Müller

Address, N. Dallas St. No 26

Remarks,

, City Printers and Stationers.

GIVEN NAME ADDED 11-1-55

RETURN OF A BIRTH.

CERTIFICATE CORRECTED 11-1-55

82530

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT, OCT 23 1885 BALTIMORE, MD.

Name: Ivy May Schimp.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	15th
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	October 18th 1885
4. Place of Birth (Street and Number)	239 Division St
5. Full Name of Mother	Emma ~~Shimp~~ Schimp
6. Mother's Maiden Name	Emma Hollett
7. Mother's Birthplace	Balto City
8. Full Name of Father	Matthew P. Shimp Schimp
9. Father's Occupation	Policeman
10. Father's Birthplace	Balto Maryland
Name of Medical Attendant, or other Person who makes this Return.	J. R. Uhler M. D.
Address	234 W. Fayette St
Remarks	

83531

RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT, OCT 22 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th
1. Sex (state whether male or female)	Male
2. Race or Color, (if not of the white race)	White
3. Date of Birth	Oct. 18/85
4. Place of Birth, (Street and Number)	190 N. Carrollton Av.
5. Full Name of Mother	Emma Edwards.
6. Mother's Maiden Name	Johnson
7. Mother's Birthplace	Balto. Co. Md.
8. Full Name of Father	States Edwards
9. Father's Occupation	Commission Merchant
10. Father's Birthplace	New York.
Name of Medical Attendant, or other Person who makes this Return.	H. R. Fetterhoff M.D.
Address	227 Madison Av.
Remarks	

NOTICE

The succeeding document was received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

82532

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT, OCT 22 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* Oct. 18th 1885
4. *Place of Birth, (Street and Number)* 170 Chesapeake st.
5. *Full Name of Mother,* Mary Agnes Devlin
6. *Mother's Maiden Name,* " " Farley
7. *Mother's Birthplace,* Scotland
8. *Full Name of Father,* James Francis Devlin
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Balto. Md.

Name of Medical Attendant, or other Person who makes this Return P. C. Dausch M.D.

Address, 325 E. Baltimore st

Remarks,

& CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

8 2 5 3 3

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	One Child
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	Colored Race
3. *Date of Birth*	Oct 18, 1885
4. *Place of Birth, (Street and Number)*	No 3 Bethel St
5. *Full Name of Mother,*	Mary Tintson
6. *Mother's Maiden Name,*	Mary Sherwood
7. *Mother's Birthplace,*	Harford County
8. *Full Name of Father,*	Charles Tintson
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	Harford County
Name of Medical Attendant, or other Person who makes this Return.	Lucinda Worford
Address,	130 Register St
Remarks,	

HEALTH DEPARTMENT RECEIVED 1885 BALTIMORE MD

be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

...rphy & Co., City Printers and Stationers.

82534

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT, OCT 21 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Oct 18. 85
4. *Place of Birth, (Street and Number)* Howard House Howard St Balto Md.
5. *Full Name of Mother,* Mabel Agnes Bowen
6. *Mother's Maiden Name,* Maddox
7. *Mother's Birthplace,* Mayland.
8. *Full Name of Father,* Thos William Bowen
9. *Father's Occupation,* Merchant
10. *Father's Birthplace,* Mayland

Name of Medical Attendant, or other Person who makes this Return Rob W Johnson MD.

Address. 6 Franklin St Balto.

Remarks,

& CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

82535

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	11 Children
1. Sex, (state whether male or female)	Little Boy
2. Race or Color, (if not of the white race)	White Race
3. Date of Birth,	18th of Oct. 1885
4. Place of Birth, (Street and Number)	Ezel Street
5. Full Name of Mother,	Mrs Marian Linski
6. Mother's Maiden Name,	Miss Marian Sadowski
7. Mother's Birthplace,	Born west Prussian Germany
8. Full Name of Father,	Mr August Sadowski
9. Father's Occupation,	Saloon
10. Father's Birthplace,	Born west Prussian
Name of Medical Attendant, or other Person who makes this Return.	Mrs Keller
Address,	1017 west Pratt st
Remarks,	

HEALTH DEPARTMENT OCT 21 1885 BALTIMORE MD

Any person who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

Co., City Printers and Stationers.

RETURN OF A BIRTH.

81536

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth October 18th 1885
4. Place of Birth, (Street and Number) No 45 Abbey Alley
5. Full Name of Mother, Lizzie Miller
6. Mother's Maiden Name, Lizzie Schicke
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Andrew Miller
9. Father's Occupation, Ship Carpenter
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. Catherine Hannaway

Address, No 18 Byrd st

Remarks,

HEALTH DEPARTMENT, OCT 21 1885 BALTIMORE, MD.

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

y & Co., City Printers and Stationers.

RETURN OF A BIRTH

82537

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT, OCT 21 1885 BALTIMORE, MD

No. Child of Mother, (state whether 1st, 2d, 3d, &c.) Sixth

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, Oct. 18th.

4. Place of Birth, (Street and Number) No 12. East st.

5. Full Name of Mother, Mary C. Harris

6. Mother's Maiden Name, Mary C. Jones.

7. Mother's Birthplace, Snow Hill Md.

8. Full Name of Father, Isaac C. Harris.

9. Father's Occupation, Laborer

10. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other Person who makes this Return Louisa Seaton

Address, No. 111 S. Dallas st.

Remarks,

& CO., CITY PRINTERS AND STATIONERS

82538

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
OCT 20 1885
BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* October 18th
4. *Place of Birth, (Street and Number)* No 96 Central ave
5. *Full Name of Mother,* Elizabeth Uphoff
6. *Mother's Maiden Name,* " Shröeder
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* August Uphoff
9. *Father's Occupation,* Blacksmith
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return. Sophia Siemon

Address, No 91 Granby st

Remarks,

...or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

...y & Co., City Printers and Stationers.

RETURN OF A BIRTH.

82539

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

NAME CHANGED BY COURT ORDER 8-11-33

Name: Sidney B. Carter

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Primipara

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) White

3. Date of Birth Oct 18/85; 11 P M

4. Place of Birth, (Street and Number) 24 N. Carrollton Ave.

5. Full Name of Mother, Helena Cohen

6. Mother's Maiden Name, Helena Lazarus

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Mat Cohen

9. Father's Occupation, Wholesale Furnishing Gds

10. Father's Birthplace, Europe.

Name of Medical Attendant, or other Person who makes this Return. A. H. Layton M.D.

Address,

Remarks,

HEALTH DEPARTMENT OCT 20 1885 BALTIMORE MD

...y & Co., City Printers and Stationers.

82540

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* W.
3. *Date of Birth* Oct 18/85
4. *Place of Birth, (Street and Number)* 10 So. Ann
5. *Full Name of Mother,* Augusta D. Lang
6. *Mother's Maiden Name,* " " Hetz
7. *Mother's Birthplace,* B C.
8. *Full Name of Father,* John Lang
9. *Father's Occupation,* Merchant
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return. G. L. Wirstein

Address, 77 So. Brady

Remarks,

HEALTH DEPARTMENT, OCT 20 1885 BALTIMORE, MD.

...or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

...y & Co., City Printers and Stationers.

82541

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Second female

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth Oct 18/85 2 A M
4. Place of Birth, (Street and Number) 305 Linden Ave
5. Full Name of Mother, Ella C. Frainor
6. Mother's Maiden Name, Ella C. Foley
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Ed. H. Frainor
9. Father's Occupation, Telegraph Operator
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. A. W. Layton M D

Address,

Remarks,

HEALTH DEPARTMENT OCT 20 1885 BALTIMORE, MD.

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollers for each offence to be recovered as other fines and forfeitures are recoverable.

y & Co., City Printers and Stationers.

83572

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, OCT 20 1885 BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 7th

Sex, (state whether male or female) Female

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth* October 18th

4. *Place of Birth, (Street and Number)* No. 124 Spring st

5. *Full Name of Mother,* Mary Geier

6. *Mother's Maiden Name,* " " Coleman

7. *Mother's Birthplace,* Balto

8. *Full Name of Father,* John Geier

9. *Father's Occupation,* Labor work

10. *Father's Birthplace,* Balto.

Name of Medical Attendant, or other Person who makes this Return. Sophia Siemon

Address, No. 70 Granby st

Remarks,

report its birth to the Commissioner of Health, in the manner [illegible] or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

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82543

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT, OCT 20 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Oct. 18th 1885
4. *Place of Birth, (Street and Number)*	230 Calhoun St.
5. *Full Name of Mother,*	Fannie Cross.
6. *Mother's Maiden Name,*	Offutt
7. *Mother's Birthplace,*	City
8. *Full Name of Father,*	James G. Cross
9. *Father's Occupation,*	Foreman
10. *Father's Birthplace,*	City
Name of Medical Attendant, or other Person who makes this Return	A. M. Belt, M.D.
Address,	128 Cathedral St
Remarks,	

Y & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

8554

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5 Child

1. Sex, (state whether male or female) Female.

2. Race or Color, (if not of the white race)

HEALTH DEPARTMENT, OCT 26 1885 BALTIMORE, MD.

3. Date of Birth, Oct 19 1885.

4. Place of Birth, (Street and Number) 314 Scharp st.

5. Full Name of Mother, Maria Fugua.

6. Mother's Maiden Name. Lattsork.

7. Mother's Birthplace, America.

8. Full Name of Father, Tomas Fugua.

9. Father's Occupation, Carpenter.

10. Father's Birthplace, America.

Name of Medical Attendant, or other Person who makes this Return, J. Lohrasser Midwife.

Address, 330 Hanover st.

Remarks,

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

Co., City Printers and Stationers.

RETURN OF A BIRTH

82545

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
OCT 26 1895
BALTIMORE MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) Color
3. Date of Birth, 10 6 19
4. Place of Birth, (Street and Number) 4 Forest
5. Full Name of Mother, Rebecca Todd
6. Mother's Maiden Name, " Kelly
7. Mother's Birthplace, Balto Co Md
8. Full Name of Father, Isac Todd
9. Father's Occupation, ~~Balto~~ Labor
10. Father's Birthplace, Balto

Name of Medical Attendant, or other Person who makes this Return. Harriet Jackson

Address, 14 Lexington 28

Remarks,

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

City Printers and Stationers.

82546

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, OCT 25 1885 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second child

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White race
3. Date of Birth, 19th October 1885
4. Place of Birth, (Street and Number) 299. S. Paca. Street. Baltimore Md.
5. Full Name of Mother, Ellen E. Dixon
6. Mother's Maiden Name, Ellen E. Sedicum
7. Mother's Birthplace, Baltimore county. Md
8. Full Name of Father, John C. Dixon
9. Father's Occupation, Butcher
10. Father's Birthplace, Baltimore city. Md

Name of Medical Attendant, or other Person who makes this Return. [illegible] Bunge

Address, 426 Cross street

Remarks,

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

& Co., City Printers and Stationers.

RETURN OF A BIRTH

8257

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
OCT 24 1885
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 n

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)*

3. *Date of Birth,* Oct 9 1885

4. *Place of Birth, (Street and Number)* 28 E. Lanvale St

5. *Full Name of Mother,* Agnes M. Clark

6. *Mother's Maiden Name,* " " Dennycook

7. *Mother's Birthplace,* Baltimore

8. *Full Name of Father,* Wilson B. Clark

9. *Father's Occupation,* Flour Feed dealer

10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Edward F. McDevitt

Address, 54 Lanvale St

Remarks,

for each offense to be recovered as other fines and forfeitures are recoverable.

o., City Printers and Stationers.

RETURN OF A BIRTH.

82148

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
OCT 24 1885
BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth Oct. 19 1885
4. Place of Birth, (Street and Number) 137 Mc Elderry St.
5. Full Name of Mother, Sarah Jane Tankerly
6. Mother's Maiden Name, " " Shaffar
7. Mother's Birthplace, Balto. Md.
8. Full Name of Father, William Tankerly
9. Father's Occupation, Captain of Pungy
10. Father's Birthplace, Balto Md.

Name of Medical Attendant, or other Person who makes this Return. Caroline Miller

Address, # 5 Walker St Balto. Md.

Remarks,

report the birth to the Commissioner of Health, [illegible] provisions of this section, shall be subjected to the fine of ten (10) dollars or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

...by & Co., City Printers and Stationers.

RETURN OF A BIRTH

82549

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
OCT 24 1885
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, 19 of Oct.
4. Place of Birth, (Street and Number) 141 North Eden St.
5. Full Name of Mother, Henrietta Reed
6. Mother's Maiden Name, " Banks
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Leonard Reed
9. Father's Occupation, Driver
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mary Walters

Address 125 N. Caroline St.

Remarks,

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

& Co., City Printers and Stationers.

RETURN OF A BIRTH

82550

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2. d.

1. *Sex, (state whether male or female)* Female.
2. *Race or Color, (if not of the white race)* White. sal
3. *Date of Birth,* October 27
4. *Place of Birth, (Street and Number)* 544 Charles. St.
5. *Full Name of Mother,* Healthy E. Schweitzer
6. *Mother's Maiden Name,* " " Clemmacy
7. *Mother's Birthplace,* Washington. D.c.
8. *Full Name of Father,* J. L. Schweitzer.
9. *Father's Occupation,* Printer
10. *Father's Birthplace,* Balto. Md.

Name of Medical Attendant, or other Person who makes this Return. Annie. Geuns.

Address, 634. Light. St.

Remarks,

HEALTH DEPARTMENT OCT 23 1885 BALTIMORE MD.

If persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

...o., City Printers and Stationers.

RETURN OF A BIRTH

82551

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
OCT 23 1885
BALTIMORE MD

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, ~~October 17~~ October 19 1885

4. Place of Birth, (Street and Number) 9 Grand alley

5. Full Name of Mother, Mary flood

6. Mother's Maiden Name, Mary Butler

7. Mother's Birthplace, St Marys Co

8. Full Name of Father, Christopher Flood

9. Father's Occupation, Labor

10. Father's Birthplace, Franklin Co Va

Name of Medical Attendant, or other Person who makes this Return Mrs Charity Jones

Address, 79 Grand alley

Remarks,

A. CO., CITY PRINTERS AND STATIONERS

12502

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

HEALTH DEPARTMENT
OCT 23 1885
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6 th.
Sex, (state whether male or female)	Male
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	October 19, 1885
4. *Place of Birth, (Street and Number)*	70 Elliott St.
5. *Full Name of Mother,*	Blanche Swayne
6. *Mother's Maiden Name,*	Blanche Preston
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	James Swayne
9. *Father's Occupation,*	Puddler
Father's Birthplace,	Baltimore County
Name of Medical Attendant, or other Person who makes this Return	Mary L. Swayne
Address,	59 Luzerne St.
Remarks,	

PRINTERS AND STATIONERS.

82553

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, OCT 23 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Oct. 19th 1885
4. *Place of Birth, (Street and Number)* N. E. Cor Lombard & Chester Sts
5. *Full Name of Mother,* Annie F. Hale
6. *Mother's Maiden Name,* Fields
7. *Mother's Birthplace,* Balto.
8. *Full Name of Father,* Matthew Hale
9. *Father's Occupation,* Trav. Salesman
10. *Father's Birthplace,* Talbot Co. Md.

Name of Medical Attendant, or other Person who makes this Return. C. B. Britton M.D.

Address, 51 S. Broadway

Remarks,

or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to the fines and forfeitures are recoverable.
for each offense to be recovered as other fines and forfeitures are recoverable.

82154

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
OCT 21 1885
BALTIMORE MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c)	1
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Oct 19, 85
4. Place of Birth (Street and Number)	10. William st
5. Full Name of Mother	Eda. Armesworther
6. Mother's Maiden Name	Houston
7. Mother's Birthplace	Baltimore
8. Full Name of Father	James Armesworther
9. Father's Occupation	Boiler Maker
Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Mrs Ann Nash
Address	
Remarks	

of the parents, and the maiden name of the mother of such child or children.

82555

RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT, OCT 21 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Seventh (7th)
1. Sex (state whether male or female)	Male
2. Race or Color, (if not of the white race)	White
3. Date of Birth	Oct 19th 1885
4. Place of Birth, (Street and Number)	228 Conway Street
5. Full Name of Mother	Mary L. Schutz
6. Mother's Maiden Name	Reed
7. Mother's Birthplace	Balto City
8. Full Name of Father	Edward S. Schutz,
9. Father's Occupation	Policeman,
10. Father's Birthplace	Balto City
Name of Medical Attendant, or other Person who makes this Return.	J. H. Currey
Address	76 S Paca St
Remarks	

RETURN OF A BIRTH

8255 6

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of child: Charles Edward Hutchens.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) this is the 7

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Oct 19th 1885

4. Place of Birth, (Street and Number) No 42 Gant Ave Locust Point Balto

5. Full Name of Mother, Catherine (Catherine) Hutchins

6. Mother's Maiden Name, " (") Sullivan

7. Mother's Birthplace, County Carey Irland

8. Full Name of Father, John Fredick Hutchins

9. Father's Occupation, Cook & Steward

10. Father's Birthplace, New York U S A

Name of Medical Attendant, or other Person who makes this Return. Mrs Ettel

Address, No 13 Cushen St

Remarks,

HEALTH DEPARTMENT OCT 21 1885 BALTIMORE

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

Co., City Printers and Stationers.

RETURN OF A BIRTH.

82557

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, OCT 20 1885 BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth 19 of October 1885
4. Place of Birth, (Street and Number) 214 East Biddle Street
5. Full Name of Mother, Margareth Trageser
6. Mother's Maiden Name, Margareth Klein
7. Mother's Birthplace, Baltimore
8. Full Name of Father, H. C. Trageser
9. Father's Occupation, Tailor
10. Father's Birthplace, Baltimore
- Name of Medical Attendant, or other Person who makes this Return. Mrs Christina Land
- Address, 173 Harford Ave
- Remarks, 1885

Persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten dollars for each offence to be recovered as other fines and forfeitures are recoverable.

y & Co., City Printers and Stationers.

82558

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) W.
3. Date of Birth Oct 19 1885
4. Place of Birth, (Street and Number) 239 Eastern Av
5. Full Name of Mother, Maria Wieghardt
6. Mother's Maiden Name, " Gundemus
7. Mother's Birthplace, Germany
8. Full Name of Father, Frederick Wieghardt
9. Father's Occupation, Merchant
10. Father's Birthplace, Germany
11. Name of Medical Attendant, or other Person who makes this Return. G. L. Wilkins

Address, 77 So. Broady

Remarks,

HEALTH DEPARTMENT, OCT 20 1885, BALTIMORE, MD.

...y & Co., City Printers and Stationers.

...er persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

8559

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, OCT 20 1885, BALTIMORE MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, No 66 South Bethel

4. Place of Birth, (Street and Number) October 13 1885

5. Full Name of Mother, ~~Mary Stubman~~

6. Mother's Maiden Name, Mary Stubman

7. Mother's Birthplace, Baltimore

8. Full Name of Father, " " " " " "

9. Father's Occupation, " " " " " "

10. Father's Birthplace, " " " " " "

Name of Medical Attendant, or other Person who makes this Return. Leah Walker

Address, No 15 Bethel Street

Remarks, No Account for Mr Walker

for each offence to be recovered as other fines and forfeitures are recoverable.

..., City Printers and Stationers.

RETURN OF A BIRTH

82560

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 24 1885 BALTIMORE MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	Oct 20 1885
4. Place of Birth, (Street and Number)	25 N High St
5. Full Name of Mother,	Sarah J Goodrich
6. Mother's Maiden Name,	S J Turner
7. Mother's Birthplace,	Balto Md
8. Full Name of Father,	J Henry Goodrich
9. Father's Occupation,	Stone cutter
10. Father's Birthplace,	Balto Md
Name of Medical Attendant, or other Person who makes this Return	Geo R Graham M D
Address,	137 Columbia Ave
Remarks,	

...TERS AND STATIONERS

82561

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT, OCT 24 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) this is the third

1. *Sex, (state whether male or female)* it female
2. *Race or Color, (if not of the white race)* Colred
3. *Date of Birth,* Oct. 20
4. *Place of Birth, (Street and Number)* 184. raburg. St
5. *Full Name of Mother,* ~~Sarah White~~
6. *Mother's Maiden Name,* Sarah White
7. *Mother's Birthplace,* Essex. Cont Va
8. *Full Name of Father,* Charles tanker
9. *Father's Occupation,* Drayman
10. *Father's Birthplace,* unkown

Name of Medical Attendant, or other Person who makes this Return. Mary Chett

Address, X-No. 25. Church. St

Remarks, none

PRINTER & STATIONER, BALT.

RETURN OF A BIRTH

82562

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Oct 20. 1885

4. Place of Birth, (Street and Number) Hubert St

5. Full Name of Mother, Mary Eakill

6. Mother's Maiden Name, Mary Kennedy

7. Mother's Birthplace, Irland

8. Full Name of Father, Pius Eakill

9. Father's Occupation, Boatman

10. Father's Birthplace, Irland

Name of Medical Attendant, or other Person who makes this Return. Mrs Ellen

Address, No 13 Eutaw St

Remarks,

HEALTH DEPARTMENT
OCT 23 1885
BALTIMORE, MD.

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

Co., City Printers and Stationers.

RETURN OF A BIRTH

8256 3

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
OCT 23 1885
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 dau Child

1. Sex, (state whether ~~male~~ or female)
2. Race or Color, (if not of the white race) White
3. Date of Birth, October the 20, 1885
4. Place of Birth, (Street and Number) Gough St. No 3 N 3.
5. Full Name of Mother, Katharine Franson
6. Mother's Maiden Name, Katharine Buhl.
7. Mother's Birthplace, Balt. City
8. Full Name of Father, John N. Franson
9. Father's Occupation, Shoemaker
10. Father's Birthplace, Balt. City

Name of Medical Attendant, or other Person who makes this Return. Mary E. Miller

Address, N. Ballo St. No 26,

Remarks,

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

Co., City Printers and Stationers.

825 64

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	7th
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth*	Oct. 20 1885
4. *Place of Birth, (Street and Number)*	47 Abbott St.
5. *Full Name of Mother,*	Josephine Hlavacek
6. *Mother's Maiden Name,*	" Hlavicova
7. *Mother's Birthplace,*	Bohemia
8. *Full Name of Father,*	Mathias Hlavacek
9. *Father's Occupation,*	Labor
10. *Father's Birthplace,*	Bohemia
Name of Medical Attendant, or other Person who makes this Return.	Josephine Conrad
Address,	20 Barnes St
Remarks,	City

HEALTH DEPARTMENT OCT 22 1885 BALTIMORE, MD.

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

& Co., City Printers and Stationers.

GIVEN NAME ADDED 1-31-57

82565

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Katharine Elizabeth Schmidt 1st Child.

1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race)
3. Date of Birth, Oct 21st 1883.
4. Place of Birth, (Street and Number) 14 Randel st.
5. Full Name of Mother, Victoria Schmidt.
6. Mother's Maiden Name, Gies.
7. Mother's Birthplace, Germany.
8. Full Name of Father, John Schmidt.
9. Father's Occupation, Harnish maker.
10. Father's Birthplace, Germany.

Name of Medical Attendant, or other Person who makes this Return. J. Lohwasser. Midwife.

Address, 330 Hanover st.

Remarks,

HEALTH DEPARTMENT OCT 26 1883 BALTIMORE MD

for each offence to be recovered as other fines and forfeitures are recoverable.

, City Printers and Stationers.

82566

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2d
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Oct. 21st /85
4. *Place of Birth, (Street and Number)*	No. 432 W. Lombard St.
5. *Full Name of Mother,*	Dora Rosenbaum
6. *Mother's Maiden Name,*	Dora Strauss
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Rev: Benjamin Rosenbaum
9. *Father's Occupation,*	(Rabbi)
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other Person who makes this Return.	F. Jenkins
Address,	No. 2 Cathedral St.
Remarks,	

HEALTH DEPARTMENT, OCT 26 1885 BALTIMORE, MD.

...of persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

...o., City Printers and Stationers.

83567

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, OCT 26 1885 BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* 21 of October
4. *Place of Birth, (Street and Number)* 25 little Ensor St
5. *Full Name of Mother,* Mary Frenlove
6. *Mother's Maiden Name,* Mary Mancren
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Georg Frenlove
9. *Father's Occupation,* Plumber
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mars Ch. Sauer

Address, 173 Harford Ave

Remarks, 1885

Report its birth to the Commissioner of Health, in the manner and within the period above required, shall be subject to the fine of ten (10) dollars or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

...y & Co., City Printers and Stationers.

82568

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Oct 21st 1885
4. *Place of Birth, (Street and Number)* 2106 S Charles St
5. *Full Name of Mother,* Emma A Jaeger
6. *Mother's Maiden Name,* " " Jones
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Louis Jaeger
9. *Father's Occupation,* Varnisher
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Theodore Cooke M.D.

Address, 146 Hanover St

Remarks,

HEALTH DEPARTMENT, OCT 20 1885 BALTIMORE

...o., City Printers and Stationers.

...for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 8569

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
OCT 26 1885
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth, 21 October

4. Place of Birth, (Street and Number) 60 Eastern Ave

5. Full Name of Mother, Rosa Masena

6. Mother's Maiden Name, Pitabard

7. Mother's Birthplace, Italy

8. Full Name of Father, John Masena

9. Father's Occupation, Labourer

10. Father's Birthplace, Italy

Name of Medical Attendant, or other Person who makes this Return. Sarah Casper

Address, 72. E. Lombard

Remarks,

Of persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

...o., City Printers and Stationers.

82570

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, OCT 26 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Oct 21st 1885
4. *Place of Birth, (Street and Number)* 2428 Lee St
5. *Full Name of Mother,* Mary L. Keating
6. *Mother's Maiden Name,* " " Driscoll
7. *Mother's Birthplace,* Richmond Va
8. *Full Name of Father,* Timothy J. Keating
9. *Father's Occupation,* Bar-Keeper
10. *Father's Birthplace,* Baltimore Co Md

Name of Medical Attendant, or other Person who makes this Return. Theodore Cooke M.D.

Address, 46 Hanover St

Remarks,

be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

& Co., City Printers and Stationers.

RETURN OF A BIRTH

82571

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
OCT 26 1885
BALTIMORE MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1
Sex, (state whether male or female)	female
Race or Color, (if not of the white race)	Colored
Date of Birth,	Oct 21 1885
Place of Birth, (Street and Number)	Chapple Baltimore
Full Name of Mother,	Chapple street No 274
Mother's Maiden Name,	Edith Robinson
Mother's Birthplace,	Edith Jang
Full Name of Father,	Eastern Md
Father's Occupation,	James Robinson
Father's Birthplace,	Mailer
Name of Medical Attendant, or other Person who makes this Return	Baltimore City
Address,	Ellen Carson
Remarks,	No 271 Chapple Street

LERS AND STATIONERS

RETURN OF A BIRTH.

825 72

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
OCT 25 1885
BALTIMORE MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	9th
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Oct 21/85
4. Place of Birth (Street and Number)	173 W Preston St
5. Full Name of Mother	Mary Ann McQuillan
6. Mother's Maiden Name	" " McFeely
7. Mother's Birthplace	New York
8. Full Name of Father	William R. H. M. McQuillan
9. Father's Occupation	Bookkeeper
10. Father's Birthplace	Ireland
Name of Medical Attendant, or other Person who makes this Return.	Thos. F. Ward M.D.
Address	127 St Paul St
Remarks	

RETURN OF A BIRTH

8257 3

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d Child

1. Sex, (state whether male ~~or female~~)

2. Race or Color, (if not of the white race) White

3. Date of Birth, October the 21. 1885

4. Place of Birth, (Street and Number) Castle St. No 152.

5. Full Name of Mother, Alice Waters

6. Mother's Maiden Name, Alice Eckhardt

7. Mother's Birthplace, Balt Md City

8. Full Name of Father, Georg Waters'

9. Father's Occupation, Laborer

10. Father's Birthplace, Balt Md City

Name of Medical Attendant, or other Person who makes this Return. Mary E. Müller

Address, N Dallas St. No 26.

Remarks,

HEALTH DEPARTMENT
OCT 31 85
BALTIMORE MD.

for each offence to be recovered as other fines and forfeitures are recoverable.

..., City Printers and Stationers.

RETURN OF A BIRTH

82574

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th Child

1. Sex, (state whether ~~male or~~ female)

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, October the 21, 1885

4. Place of Birth, (Street and Number) S. Bethel St. No 69

5. Full Name of Mother, Emilie Boone

6. Mother's Maiden Name, Emilie Banesh

7. Mother's Birthplace, Balto City

8. Full Name of Father, Joseph Boone

9. Father's Occupation, Laborer

10. Father's Birthplace, Balto City

Name of Medical Attendant, or other Person who makes this Return. Mary E. Miller

Address, S. Dallas St. No 26.

Remarks,

HEALTH DEPARTMENT
OCT 23 1885
BALTIMORE MD

for each offence to be recovered as other fines and forfeitures are recoverable.

, City Printers and Stationers.

83575

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT, OCT 22 1885 BALTIMORE, MD.

No. of Child of Mother, (~~state whether~~ 1st, ~~2d, 3d, &c.~~)

1. *Sex,* (~~state whether male or~~ *female*) Irene Marie Walters
2. *Race or Color,* (~~if not of the~~ *white* ~~race~~)
3. *Date of Birth,* October, 21 7/885
4. *Place of Birth, (Street and Number)* 116 S Central ave
5. *Full Name of Mother,* Laura J. Walters
6. *Mother's Maiden Name,* " " Cook
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* Herman Walter
9. *Father's Occupation,* Fireman = Leg
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other Person who makes this Return. A Trep Sherkey Md.

Address, 88 E Balto St

Remarks, Instrumental

GIVEN NAME ADDED 11-15-54 Ofg.

T, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH

82576

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
OCT 26 1885
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	This is 2
Sex, (state whether male or female)	male
2. *Race or Color, (if not of the white race)*	Color
3. *Date of Birth,*	Oct 22 1885
4. *Place of Birth, (Street and Number)*	22 Hillman
5. *Full Name of Mother,*	Mary L Stewart
6. *Mother's Maiden Name,*	" " Matthew
7. *Mother's Birthplace,*	Balto
8. *Full Name of Father,*	S. Stewart
9. *Father's Occupation,*	Labor
10. *Father's Birthplace,*	Balto
Name of Medical Attendant, or other Person who makes this Return.	Harriet Jackson
Address,	41 Langley
Remarks,	

for each offence to be recovered as other fines and forfeitures are recoverable.

y Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

82577

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Oct 22 1865
4. Place of Birth, (Street and Number) No 108 Randall st
5. Full Name of Mother, Mary Branan
6. Mother's Maiden Name, Mary McElhany
7. Mother's Birthplace, New York
8. Full Name of Father, Michael Branan
9. Father's Occupation, Dealer in Ice
10. Father's Birthplace, Baltimore city md

Name of Medical Attendant, or other Person who makes this Return, E. Hinton

Address, No 658 E Charles st

Remarks,

HEALTH DEPARTMENT, OCT 24 1865 BALTIMORE, MD.

Any person who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

82578

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, OCT 23 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) [illegible]

1. *Sex, (state whether male or female)* Twins [illegible]
2. *Race or Color, (if not of the white race)* Whi[illegible]
3. *Date of Birth,* Oct 22 [illegible]
4. *Place of Birth, (Street and Number)* Towson St
5. *Full Name of Mother,* Wilhelm Menna Bame
6. *Mother's Maiden Name,* Wilhelm Menna [illegible]
7. *Mother's Birthplace,* Gemma
8. *Full Name of Father,* Andrew Bame
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Gemma

Name of Medical Attendant, or other Person who makes this Return. Mrs Ettel

Address, No 13 Cuba St

Remarks,

Report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

& Co., City Printers and Stationers.

NOTICE

The succeeding documents were received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

RETURN OF A BIRTH

82579

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
OCT 23 1885
BALTIMORE, MD.

. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

Sex, (state whether male or female) Female

Race or Color, (if not of the white race) White

Date of Birth, Oct 22 1885

Place of Birth, (Street and Number) 190 S. Charles St

Full Name of Mother, Lizzie Cadell

Mother's Maiden Name, Mc Gaveny

Mother's Birthplace, Maryland

Full Name of Father, John Cadell

Father's Occupation, Iron Moulder

Father's Birthplace, Maryland

Name of Medical Attendant, or other Person who makes this Return Mac. Scarbrough

Address, 220 Montgomery St

Remarks,

S AND STATIONERS

RETURN OF A BIRTH

52580

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
OCT 23 1885
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 22nd October 1885
4. *Place of Birth, (Street and Number)* 57 W Madison
5. *Full Name of Mother,* Anna Godfrey Lowe
6. *Mother's Maiden Name,* " "
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* James L Lowe
9. *Father's Occupation,* Clerk
10. *Father's Birthplace,* Va

Name of Medical Attendant, or other Person who makes this Return — C B Gamble M D

Address, 59 Cathedral

Remarks,

& CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

823581

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT, OCT 23 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5 – m
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	22 Oct 1885
4. *Place of Birth, (Street and Number)*	161 Park Ave
5. *Full Name of Mother,*	Ann G Smith
6. *Mother's Maiden Name,*	A Gardner
7. *Mother's Birthplace,*	Md
8. *Full Name of Father,*	Fred H Smith
9. *Father's Occupation,*	Engineer
10. *Father's Birthplace,*	Penn
Name of Medical Attendant, or other Person who makes this Return	C B Gamble M D
Address,	89 Cathedral
Remarks,	

CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

82582

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Seventeenth

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth Oct 22d 11 P M 1885

4. Place of Birth, (Street and Number) 571 W Lombard St

5. Full Name of Mother, Alice Bango

6. Mother's Maiden Name, Alice Shipley

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Albert Bango

9. Father's Occupation, Produce Dealer

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. J. H. Eaton M D

Address,

Remarks,

HEALTH DEPARTMENT
OCT 23 1885
BALTIMORE

for each offence to be recovered as other fines and forfeitures are recoverable.

& Co., City Printers and Stationers.

CERTIFICATE CORRECTED 2-4-52 82583

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Frank Milder Brown

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd Child

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, October 23 1885
4. Place of Birth, (Street and Number) 107 Fort av
5. Full Name of Mother, Louisa Brown
6. Mother's Maiden Name, " Duvall
7. Mother's Birthplace, Prince George County, Md
8. Full Name of Father, Frank A. (~~William~~) Brown
9. Father's Occupation, Braksman B & O.R.R.
10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other Person who makes this Return. O. A. Cooke MD.

Address, 110 Fort av

Remarks,

HEALTH DEPARTMENT OCT 26 1885 BALTIMORE, MD.

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

& Co. City Printers and Stationers.

82584

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, Oct 23d 1885
4. Place of Birth, (Street and Number) No 104 ~~Bur~~ Burgundy alley
5. Full Name of Mother, Sarah Smith
6. Mother's Maiden Name,
7. Mother's Birthplace, Cambridge Md
8. Full Name of Father, John Smith
9. Father's Occupation, Labour
10. Father's Birthplace, Cambridge Md
- Name of Medical Attendant, or other Person who makes this Return. Deborah Thomas
- Address, 71 Burgundy alley
- Remarks,

HEALTH DEPARTMENT
OCT 26 1885
BALTIMORE, MD.

for each offence to be recovered as other fines and forfeitures are recoverable.

Co., City Printers and Stationers.

82585

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
OCT 26 1885
BALTIMORE MD

No. of Child of Mother (state whether 1st, 2d, 3d, &c)	6 child dated 25 1885
1. Sex (state whether Male or Female)	female
2. Race or Color (if not of the white race)	Colored
3. Date of Birth	Oct 23 4 1885
4. Place of Birth (Street and Number)	Baltimore 68. east St.
5. Full Name of Mother	Annie Jadson Yarundy
6. Mother's Maiden Name	Annie Sampson
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Emory R Jadson
9. Father's Occupation	Waiter
Father's Birthplace	Centerville Queen Anns Couty
Name of Medical Attendant, or other Person who makes this Return	Darlin Thomas ~~Thomas~~
Address	134 [redacted] Chasnut St. Darlie Thomas
Remarks	

RETURN OF A BIRTH.

82186

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
OCT 26 1885
BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4 th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Dark brown
3. Date of Birth October 23 1885
4. Place of Birth, (Street and Number) 62 Moore Alley
5. Full Name of Mother, Louis Lee
6. Mother's Maiden Name, Louis Blackston
7. Mother's Birthplace, Howard County
8. Full Name of Father, Horace Lee
9. Father's Occupation, Drayman
10. Father's Birthplace, St-Marys County

Name of Medical Attendant, or other Person who makes this Return. Louisa Lane

Address, 111 Jasper St-

Remarks,

For each offence to be recovered as other fines and forfeitures are recoverable.

& Co., City Printers and Stationers.

CORRECTION

The preceding document has been re-photographed to assure legibility and its image appears immediately hereafter.

82585

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c)	6 child
1. Sex (state whether Male or Female)	female
2. Race or Color (if not of the white race)	Colored
3. Date of Birth	Oct 23 d 1885
4. Place of Birth (Street and Number)	Baltimore 68. east St.
5. Full Name of Mother	Annie Jackson Laundy
6. Mother's Maiden Name	Annie Sampson
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Emory R Jackson
9. Father's Occupation	Waiter
Father's Birthplace	Centerville Queen Annes County
Name of Medical Attendant, or other Person who makes this Return	Darwin Thomas ~~Thomas~~
Address	134 [redacted] Chasnut St. Darwin Thomas
Remarks	

HEALTH DEPARTMENT
OCT 26 1885
BALTIMORE MD.

82586

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
OCT 26 1885
BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) Dark brown

3. Date of Birth October 23 1885

4. Place of Birth, (Street and Number) 52 Moore Alley

5. Full Name of Mother, Louis Lee

6. Mother's Maiden Name, Louis Blackston

7. Mother's Birthplace, Howard County

8. Full Name of Father, Boyce Lee

9. Father's Occupation, Drayman

10. Father's Birthplace, St-Marys County

Name of Medical Attendant, or other Person who makes this Return. Louisa Lane

Address, 119 Jasper St

Remarks,

for each offence to be recovered as other fines and forfeitures are recoverable.

& Co., City Printers and Stationers.

Missing 82587

CERTIFICATE LOADED 2-19-51

82588

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 Elsie Bowen

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Oct 23 1885

4. Place of Birth, (Street and Number) No 245 William st

5. Full Name of Mother, Mollie Bowen

6. Mother's Maiden Name, Mollie Freeburger

7. Mother's Birthplace, Baltimore city md

8. Full Name of Father, Henry W Bowen

9. Father's Occupation, Letterie

10. Father's Birthplace, Baltimore city md

Name of Medical Attendant, or other Person who makes this Return, E. Hinton

Address, No 658 South Charles st

Remarks,

HEALTH DEPARTMENT
OCT 24 1
BALTIMORE

For each affidavit to be recovered as other fines and forfeitures are recoverable.

82589

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	One Child
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	Colored Race
3. *Date of Birth*	Oct 23, 1885
4. *Place of Birth, (Street and Number)*	133 McElderry St
5. *Full Name of Mother,*	Mary Banks
6. *Mother's Maiden Name,*	Mary Pinkett
7. *Mother's Birthplace,*	Easton Shore
8. *Full Name of Father,*	William Banks
9. *Father's Occupation,*	Hard Carrier
10. *Father's Birthplace,*	Easton Shore
Name of Medical Attendant, or other Person who makes this Return.	Lucindia Woolford
Address,	130 Register St
Remarks,	

HEALTH DEPARTMENT, OCT 24 1885 BALTIMORE, MD.

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

y & Co., City Printers and Stationers.

82590

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) first st

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* Okt 23 '85
4. *Place of Birth, (Street and Number)* No 116 Fort st
5. *Full Name of Mother,* Gadwige Kasseiz
6. *Mother's Maiden Name,* Gadwige Nowak
7. *Mother's Birthplace,* Raysen
8. *Full Name of Father,* Joseph Kasseiz
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Rusland

Name of Medical Attendant, or other Person who makes this Return. Sabina Greishaber

Address, No 128 West st

Remarks, 8 months child lived 10 minutes
She hurt herself

HEALTH DEPARTMENT
OCT 23 1885
BALTIMORE, MD.

be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of said child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

rphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

82194

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth, 24 October

4. Place of Birth, (Street and Number) 28 E. Pratt

5. Full Name of Mother, Dora Scotty

6. Mother's Maiden Name, Stark

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Louis Scotty

9. Father's Occupation, Cigarstore

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. Sarah Casper

Address, 72 E. Lombard

Remarks,

HEALTH DEPARTMENT
OCT 26 1885
BALTIMORE, MD

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH

S2192

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
OCT 26 1885
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth, 25 October

4. Place of Birth, (Street and Number) 41 Eastern Ave.

5. Full Name of Mother, Fannie Sambille

6. Mother's Maiden Name, Amos

7. Mother's Birthplace, Italy

8. Full Name of Father, Philip Sambille

9. Father's Occupation, Laborer

10. Father's Birthplace, Italy

Name of Medical Attendant, or other Person who makes this Return. Sarah Casper

Address, 92. E. Lombard

Remarks,

for each offence to be recovered as other fines and forfeitures are recoverable.

., City Printers and Stationers.

RETURN OF A BIRTH

8297

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
OCT 26 1885
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 25 October
4. *Place of Birth, (Street and Number)* 67 S. Albemarle
5. *Full Name of Mother,* Minnie Heimann
6. *Mother's Maiden Name,* Dotton
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Thomas Heimann
9. *Father's Occupation,* Clerk
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Sarah Casper

Address, 72. E. Lombard

Remarks,

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

& Co., City Printers and Stationers.

83194

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, OCT 26 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2te

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 25te of October 1885
4. Place of Birth, (Street and Number) 317 Pleasant Inn Street
5. Full Name of Mother, Marie Schmitt Böniarsky
6. Mother's Maiden Name, Marie Schmitt
7. Mother's Birthplace, Germany
8. Full Name of Father, Michael Böniarsky
9. Father's Occupation, Laborer
10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return Mrs Ida Hall Midwife

Address, No 43 N. Castle Street

Remarks, — — — — —

Within the [illegible] any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
OCT 26 1885
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10te

Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, 25 of October 1885.

4. Place of Birth, (Street and Number) 849 Linden-Ave

5. Full Name of Mother, Annie Makarsky

6. Mother's Maiden Name, Annie Steinkauf

7. Mother's Birthplace, Germany

8. Full Name of Father, Johann Makarsky

9. Father's Occupation, Laborer

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return Mrs Ida Hill Midwife

Address, 843 N. Castle Street

Remarks,

within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

PRINTERS AND STATIONERS.

RETURN OF A BIRTH

8295

To the Office of Registrar of Vital Statistics. Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT, OCT 29 1885 BALTIMORE, MD.

No. Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. Sex, (state whether male or female) Male.

2. Race or Color, (if not of the white race) White.

3. Date of Birth, Oct 25. 85.

4. Place of Birth, (Street and Number) 98 Saratoga St.

5. Full Name of Mother, Theresa A Dieter.

6. Mother's Maiden Name, Hazenmyer

7. Mother's Birthplace, Germany

8. Full Name of Father, Joseph J. Dieter.

9. Father's Occupation, Merchant.

10. Father's Birthplace, Maryland

Name of Medical Attendant, or other Person who makes this Return Dr Morgan

Address, 119 W Monument St.

Remarks,

& CO., CITY PRINTERS AND STATIONERS

NOTICE

The succeeding documents were received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

82597

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT, OCT 30 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 Child.

Sex, (state whether male or female) Female.

Race or Color, (if not of the white race) White.

Date of Birth, 25th Oct. 1885

Place of Birth, (Street and Number) 139 S. Stricker Street [illegible]

Full Name of Mother, Elizabeth Ann Virginia Schepperd

Mother's Maiden Name, Shaven.

Mother's Birthplace, Centreville Frederick Co. Maryland

Full Name of Father, William Porterfield Schepperd.

Father's Occupation, [illegible]

Father's Birthplace, Virginia

Name of Medical Attendant, or other Person who makes this Return Miss Mary Dina Graning

Address, No 60 South Parrish St Balto Md.

Remarks, Mother and Child are doing well.

...ERS AND STATIONERS

RETURN OF A BIRTH

8259

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1. Child

1. Sex, (state whether male or female) Little Girl

2. Race or Color, (if not of the white race) White

3. Date of Birth, 25th of October 1885

4. Place of Birth, (Street and Number) No 9 Calvert st

5. Full Name of Mother, Mrs. Ehall

6. Mother's Maiden Name, Miss Mary Amtall

7. Mother's Birthplace, Kena Amstadt

8. Full Name of Father, Mr Georg Ehall

9. Father's Occupation, Brewer master

10. Father's Birthplace, Kena Amstadt

Name of Medical Attendant, or other Person who makes this Return. Mrs Killer

Address, 1011 west Pratt st city

Remarks,

HEALTH DEPARTMENT, OCT 30 1885 BALTIMORE, MD.

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

t Co., City Printers and Stationers.

RETURN OF A BIRTH

82199

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
OCT 30 1885
885
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	
1. Sex, (state whether male or female)	male
2. Race or Color, (if not of the white race)	white
3. Date of Birth,	25 October
4. Place of Birth, (Street and Number)	151 Biddle St.
5. Full Name of Mother,	Mary Kühlbach
6. Mother's Maiden Name,	Mary Weber
7. Mother's Birthplace,	Baltimore City.
8. Full Name of Father,	Henry Kühlbach
9. Father's Occupation,	Railroad worker
10. Father's Birthplace,	Minden Hanover Germany
Name of Medical Attendant, or other Person who makes this Return.	
Address,	
Remarks,	

TER & STATIONER, BALT.

82600

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth October 25th 1885

4. Place of Birth, (Street and Number) No 40 Byrd st

5. Full Name of Mother, Cathrine Kumpf

6. Mother's Maiden Name, Cathrine Schreck

7. Mother's Birthplace, Germany

8. Full Name of Father, John Kumpf

9. Father's Occupation, Carpenter

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return. Cathrine Hamming

Address, No 18 Byrd st

Remarks,

HEALTH DEPARTMENT
OCT 31 1885
BALTIMORE, MD.

for each offence to be recovered as other fines and forfeitures are recoverable.

& Co., City Printers and Stationers.

RETURN OF A BIRTH. 82601

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1 the

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth 1 Octbr

4. Place of Birth, (Street and Number) 10 Cannon St

5. Full Name of Mother, Anna Kling

6. Mother's Maiden Name, Schwarz

7. Mother's Birthplace, Nieder Gründau Bavaria

8. Full Name of Father, Peter Kling

9. Father's Occupation, Bäcker

10. Father's Birthplace, Prussia Saxony

Name of Medical Attendant, or other Person who makes this Return. Mrs E. Weiss.

Address, 424 Lancaster St

Remarks,

HEALTH DEPARTMENT
OCT 30 1885
BALTIMORE, MD.

...o., City Printers and Stationers.

Missing 82602 - 82609, incl.

NOTICE

The succeeding documents were received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

RETURN OF A BIRTH

82670

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth, Nov 3/85

4. Place of Birth, (Street and Number) 148 Fulton Av

5. Full Name of Mother, Mollie Bradburn

6. Mother's Maiden Name, Mollie Cross

7. Mother's Birthplace, Md

8. Full Name of Father, William J. Bradburn

9. Father's Occupation, Painter

10. Father's Birthplace, Virginia

Name of Medical Attendant, or other Person who makes this Return. H Miller M.D

Address, 188 Franklin St.

Remarks,

HEALTH DEPARTMENT NOV 2 1885 BALTIMORE MD.

for each offence to be recovered

..., City Printers and Stationers.

RETURN OF A BIRTH

82671

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT NOV 3 1896 BALTIMORE MD

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth, Oct 3rd

4. Place of Birth, (Street and Number) Baltimore Burgundy alley No 114

5. Full Name of Mother, Johanna Donges

6. Mother's Maiden Name, Johanna Schumm

7. Mother's Birthplace, Germany

8. Full Name of Father, George Donges

9. Father's Occupation, Machinest

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs Mc Shaffer

Address, 373 Hanover st

Remarks,

...ators and Stationers.

82612

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
NOV 3 1885
BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth* Oct. 4 - 1885
4. *Place of Birth, (Street and Number)* 155 E Fayette St.
5. *Full Name of Mother,* Anna V. Vogt
6. *Mother's Maiden Name,* Michel
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* J. W. Vogt
9. *Father's Occupation,* Commercial Tourist
10. *Father's Birthplace,* Baltimore
11. *Name of Medical Attendant,* or other Person who makes this Return. Mary Stein

Address, 151 E Pratt St.

Remarks,

report its ... or persons who shall hereafter ... for each offence to be recovered as other fines and forfeitures ...

...hy & Co., City Printers and Stationers.

RETURN OF A BIRTH

8267 B

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT, OCT 30 1885 BALTIMORE, MD.

o. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 14th

Sex, (state whether male or female)

Race or Color, (if not of the white race)

Date of Birth, Oct 4th 1885.

Place of Birth, (Street and Number) 116. N. Fulton St.

Full Name of Mother, neglected to ask the Surname

Mother's Maiden Name,

Mother's Birthplace, Charles Co - Md

Full Name of Father, Geo. C Simms

Father's Occupation, Merchant

Fa[illegible] Birthplace, Charles Co Md

Name of Medical Attendant, or other Person who makes this Return Norman F Hill Mro

Address. 17 N. Calhoun St

Remarks,

& CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 82614

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

of Child of Mother (state whether 1st, 2d, 3d, &c.)	First
(state whether male or female)	Male
Race or Color, (if not of the white race)	
3. Date of Birth	October 3 1883
4. Place of Birth, (Street and Number)	420 E. Madison st
5. Full Name of Mother,	Madaline Armstrong
6. Mother's Maiden Name,	Decker
7. Mother's Birthplace,	Maryland
8. Full Name of Father,	Wm A. Armstrong
9. Father's Occupation,	Seamster
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Mary A Allwell
Address,	286 McDonogh st
Remarks,	

HEALTH DEPARTMENT
NOV 5 1883
BALTIMORE

for each child born.

& Co., City Printers and Stationers.

RETURN OF A BIRTH.

8265

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No.	of Child of Mother (state whether 1st, 2d, 3d, &c.)	Second
1.	Sex, (state whether male or female)	Male
2.	Race or Color, (if not of the white race)	White Race
3.	Date of Birth	5th October
4.	Place of Birth, (Street and Number)	433 Hall Street.
5.	Full Name of Mother,	Charlotte Augusta Johnson
6.	Mother's Maiden Name,	Charlotte Augusta Johnson
	Mother's Birthplace,	Baltimore City
	Full Name of Father,	Ferdinande Unreich
	Father's Occupation,	Barber
	Father's Birthplace,	Baltimore City
	Name of Medical Attendant, or other Person who makes this Return.	Mrs C Seabach
	Address,	439 N Pratt Street
	Remarks,	

HEALTH DEPARTMENT
NOV 2 1885
BALTIMORE MD.

Co., City Printers and Stationers.

82616

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, OCT 27 1885 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Ninth
Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	October 5th 1885
4. Place of Birth, (Street and Number)	156 Washington St
5. Full Name of Mother,	Mrs Louisa Hurley
6. Mother's Maiden Name,	Louisa Farrell
7. Mother's Birthplace,	St Michaels
8. Full Name of Father,	Major Hurley
9. Father's Occupation,	Captain of Tug boat
10. Father's Birthplace,	St Michaels
Name of Medical Attendant, or other Person who makes this Return.	Mrs R. A. Garrett
Address,	No 65 Burke St
Remarks,	

for each

City Printers and Stationers.

82617

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
NOV 2 1885
BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) .....

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) .....
3. Date of Birth 5th Octobr
4. Place of Birth, (Street and Number) Balto. 617 South Green St
5. Full Name of Mother, Julia A. Waesloop
6. Mother's Maiden Name, Schmidt.
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Dietrich Louis Waesloop
9. Father's Occupation, Boy Maker
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs Munch

Address, No 1 Leadenhall St.

Remarks, ...

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

hy & Co., City Printers and Stationers.

RETURN OF A BIRTH

82618

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
NOV 3 1893
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* Oct 6 1893

4. *Place of Birth, (Street and Number)* Maternite 96 N Lombard St

5. *Full Name of Mother,* Effie A Lomax

6. *Mother's Maiden Name,* Do

7. *Mother's Birthplace,* Md

8. *Full Name of Father,*

9. *Father's Occupation,*

10. *Father's Birthplace,*

Name of Medical Attendant, or other Person who makes this Return. William S Gardner M.D.

Address, Maternite

Remarks,

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH 82619

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
OCT 28 1885
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Oct 6th 1885
4. *Place of Birth, (Street and Number)* 393 Franklin St
5. *Full Name of Mother,* Alice Mc Kewn
6. *Mother's Maiden Name,* Alice Brown
7. *Mother's Birthplace,* Balto md
8. *Full Name of Father,* Wm Mc Kewn
9. *Father's Occupation,* Coach Painter
10. *Father's Birthplace,* Balto md

Name of Medical Attendant, or other Person who makes this Return. Mrs. Co. Mesenzel

Address, 404 Penna ave

Remarks,

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

Co., City Printers and Stationers.

RETURN OF A BIRTH.

8 2620

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 10

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) White

3. Date of Birth 6 of Otber

4. Place of Birth, (Street and Number) 27 Cannon St

5. Full Name of Mother, Elisabeth Hirschmann

6. Mother's Maiden Name, = Klilian

7. Mother's Birthplace, Beiersdorf Bavaria

8. Full Name of Father, Carl Hirschmann

9. Father's Occupation, Beymacher

10. Father's Birthplace, Beiersdorf Bavaria

Name of Medical Attendant, or other Person who makes this Return. Mrs E. Weiss

Address, 424 Lancaster St.

Remarks,

HEALTH DEPARTMENT, OCT 30 1885 BALTIMORE, MD.

for each offence to be recovered as other fines and forfeitures are recoverable.

Co., City Printers and Stationers.

RETURN OF A BIRTH. 82621

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
NOV 2 1885
BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White.

3. Date of Birth October 7th 1885

4. Place of Birth, (Street and Number) No 9. Washington Avenue.

5. Full Name of Mother, Annie Eckarius.

6. Mother's Maiden Name, Annie Reiner.

7. Mother's Birthplace, Baltimore Md.

8. Full Name of Father, Richard Fritz Eckarius.

9. Father's Occupation, Laborer Factory.

10. Father's Birthplace, Germany.

Name of Medical Attendant, or other Person who makes this Return. Mrs Catharine Seebach

Address, No 439 W Pratt street

Remarks,

be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

rphy & Co., City Printers and Stationers.

82622

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT NOV 13 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Oct. 7 1885
4. *Place of Birth, (Street and Number)* Maternité ~~O~~ 161 W Lombard St.
5. *Full Name of Mother,* Blanche Smatts
6. *Mother's Maiden Name,* Do
7. *Mother's Birthplace,* W. Va.
8. *Full Name of Father,* —
9. *Father's Occupation,* —
10. *Father's Birthplace,*

Name of Medical Attendant, or other Person who makes this Return. William S. Gardner M.D.

Address, Maternité

Remarks,

be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

& Co., City Printers and Stationers.

RETURN OF A BIRTH

8262 3

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* Black

3. *Date of Birth,* Oct 7 1885

4. *Place of Birth, (Street and Number)* Maternité 161 N Lombard St

5. *Full Name of Mother,* Annie Davis

6. *Mother's Maiden Name,* Do

7. *Mother's Birthplace,* Md

8. *Full Name of Father,*

9. *Father's Occupation,*

10. *Father's Birthplace,*

Name of Medical Attendant, or other Person who makes this Return. William R Gardner M.D.

Address, Maternité

Remarks,

HEALTH DEPARTMENT NOV 3 1885 BALTIMORE MD

y & Co., City Printers and Stationers.

RETURN OF A BIRTH.

82624

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
NOV 3 1885
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth Oct 7 - 1885
4. Place of Birth, (Street and Number) 203 S. Washington St.
5. Full Name of Mother, Anna Stockmann
6. Mother's Maiden Name, Holten
7. Mother's Birthplace, Irland
8. Full Name of Father, Charles Stockmann
9. Father's Occupation, Laborer
10. Father's Birthplace, Baltimore
- Name of Medical Attendant, or other Person who makes this Return. Mary Stein
- Address, 151 E Pratt
- Remarks,

Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
NOV 4 1885
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	October 7th 1885
4. *Place of Birth, (Street and Number)*	48 Nice St.
5. *Full Name of Mother,*	Elizabeth Joyce
6. *Mother's Maiden Name,*	" Leyfer.
7. *Mother's Birthplace,*	Balto. City.
8. *Full Name of Father,*	Robert Joyce.
9. *Father's Occupation,*	Clerk.
10. *Father's Birthplace,*	Balto,
Name of Medical Attendant, or other Person who makes this Return,	R. J. N. Talbot M.D.
Address,	152 Shark St.
Remarks,	

or person who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

City Printers and Stationers.

RETURN OF A BIRTH

8262

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT, OCT 27 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th
Sex, (state whether male or female)	Male
Race or Color, (if not of the white race)	White
Date of Birth,	7 Oct 1885
Place of Birth, (Street and Number)	613 W. Fayette
Full Name of Mother,	Emma R. Roberts
Mother's Maiden Name,	Scott
Mother's Birthplace,	Balt.
Full Name of Father,	Joseph F. Roberts
Father's Occupation,	Book Keeper
Father's Birthplace,	Queen Anne's Co.
Name of Medical Attendant, or other Person who makes this Return	Dr Tom Reed
Address,	
Remarks,	

...RS AND STATIONERS

RETURN OF A BIRTH.

8362 7

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
NOV 2 1885
BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth Oct. 7th 1885

4. Place of Birth, (Street and Number) 357 Little Alice Ann st

5. Full Name of Mother, Sarah Hess

6. Mother's Maiden Name, " Harrington

7. Mother's Birthplace, City

8. Full Name of Father, David Hess

9. Father's Occupation, Carpenter

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs Elizabeth Belz

Address, 120 Bank st

Remarks,

be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

rphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

82628

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, NOV 2 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether ~~male~~ or female)

2. Race or Color, (if not of the white race)

3. Date of Birth, October 7 - 1885

4. Place of Birth, (Street and Number) 150 S. Fremont St.

5. Full Name of Mother, Anne K. Lang

6. Mother's Maiden Name, Faber

7. Mother's Birthplace, Germany

8. Full Name of Father, Jacob Lang

9. Father's Occupation, Liquor Dealer

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return, Mrs Munch

Address, No 1 Leadenhall St,

Remarks,

City Printers and Stationers.

82629

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, NOV 2 1885 BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4.

1. *Sex, (state whether* [redacted] *or female)*
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth* 7.
4. *Place of Birth, (Street and Number)* 116. West St.
5. *Full Name of Mother,* Selia Abendschoen
6. *Mother's Maiden Name,* Selia Böhnlein
7. *Mother's Birthplace,* Baltimore.
8. *Full Name of Father,* F. H. Abendschoen
9. *Father's Occupation,* Tailor.
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs Munch

Address, No 1 Leadenhall St,

Remarks,

...report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

...phy & Co., City Printers and Stationers.

RETURN OF A BIRTH.

82630

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
NOV 2 1885
BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth Oct 1th 1885

4. Place of Birth, (Street and Number) 169 S Register st

5. Full Name of Mother, Henrietta Hoey

6. Mother's Maiden Name, " Graetze

7. Mother's Birthplace, City

8. Full Name of Father, John Hoey

9. Father's Occupation, Laborer

10. Father's Birthplace, City

Name of Medical Attendant, or other Person who makes this Return. Mrs Elizabeth Betz

Address, 120 Bank st.

Remarks,

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

hy & Co., City Printers and Stationers.

NOTICE

The succeeding document was received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

82631

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* October the 1st 1885
4. *Place of Birth, (Street and Number)* Lombard St No 390
5. *Full Name of Mother,* Marcy V Collier
6. *Mother's Maiden Name,* Marcy F Ward
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Otis Collier
9. *Father's Occupation,* Candy maker
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs S Kelley

Address, No 797 Pratt st

Remarks,

HEALTH DEPARTMENT NOV 2 1885 BALTIMORE, MD.

for each offence to be recovered as other fines and forfeitures are recoverable.

, City Printers and Stationers.

RETURN OF A BIRTH

8262

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
OCT 28 1885
BALTIMORE MD

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) white

3. Date of Birth, 8th of Octob. 1885.

4. Place of Birth, (Street and Number) 32 Hockton Street

5. Full Name of Mother, Meggie Eckman

6. Mother's Maiden Name, Burns

7. Mother's Birthplace, Ireland.

8. Full Name of Father, John Eckman

9. Father's Occupation, Huckster

10. Father's Birthplace, Balto. Md.

Name of Medical Attendant, or other Person who makes this Return. Mr. A. Mesenzehl.

Address, 404, Penna. Ave.

Remarks,

for each offence to be recovered as other fines and forfeitures are recoverable.

o., City Printers and Stationers.

826 05

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Ninth day of October

4. Place of Birth, (Street and Number) 920 North Howard Street

5. Full Name of Mother, Zilpha Ann Morgan

6. Mother's Maiden Name, Zilpha Ann Rambo

7. Mother's Birthplace, Port Colborn Ontario

8. Full Name of Father, Charles Alfred Morgan

9. Father's Occupation, Driver

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Mrs. Minnick

Address, 203 Park Avenue

Remarks,

Any person or persons who shall wilfully fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

BALTIMORE

PRINTERS AND STATIONERS.

RETURN OF A BIRTH

82634

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case of birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall neglect or refuse to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2 birth
1. *Sex, (state whether male or female)*	female
2. *Race or Color, (if not of the white race)*	white
3. *Date of Birth,*	9 Oktob
4. *Place of Birth, (Street and Number)*	Penn St.
5. *Full Name of Mother,*	Mari Besinde
6. *Mother's Maiden Name,*	Kaumer
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Michael Besinde
9. *Father's Occupation,*	
10. *Father's Birthplace,*	Baltimer
Name of Medical Attendant, or other Person who makes this Return.	
Address,	Mrs. Kaumer
Remarks,	Market Space No 15

HEALTH DEPARTMENT
NOV 5 1885
BALTIMORE, MD.

RETURN OF A BIRTH

82635

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
NOV 4 1885
BALTIMORE MD

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Oct. 9 1885
4. *Place of Birth, (Street and Number)* 53 Hanover
5. *Full Name of Mother,* Sadie Butler
6. *Mother's Maiden Name,* " Coles
7. *Mother's Birthplace,* Va
8. *Full Name of Father,* Elijah Butler
9. *Father's Occupation,* Tailor
10. *Father's Birthplace,* Md

Name of Medical Attendant, or other Person who makes this Return. H W Nelson M D

Address, 101 Barre

Remarks,

for each offence to be recovered as other fines and forfeitures are recoverable.

, City Printers and Stationers.

82636

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
NOV 4 1885
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3d
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	Oct 9
4. *Place of Birth, (Street and Number)*	88 Roberts St.
5. *Full Name of Mother,*	May Magruder
6. *Mother's Maiden Name,*	Keach
7. *Mother's Birthplace,*	Balt.
8. *Full Name of Father,*	Edward B Magruder
9. *Father's Occupation,*	Merchant
10. *Father's Birthplace,*	Balt.
Name of Medical Attendant, or other Person who makes this Return.	H. M. Wilson
Address,	251 Mad. Ave.
Remarks,	

...be in attendance upon the Mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

...y & Co., City Printers and Stationers.

RETURN OF A BIRTH

82627

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth, Oct 9th

4. Place of Birth, (Street and Number) Baltimore Burgundy Alley 184

5. Full Name of Mother, Mary Smith

6. Mother's Maiden Name, Mary Bracket

7. Mother's Birthplace, Atlantic Ga,

8. Full Name of Father, John Smith

9. Father's Occupation, Seaboer

10. Father's Birthplace, England

Name of Medical Attendant, or other Person who makes this Return. Mrs M. Shaffer

Address, 373 Hamburg st

Remarks,

HEALTH DEPARTMENT
NOV 3 1885
BALTIMORE

for each offence to be recovered as other fines and forfeitures are recoverable.

., City Printers and Stationers.

RETURN OF A BIRTH

82638

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT, OCT 27 1885 BALTIMORE MD

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	9 Oct., 1885
4. *Place of Birth, (Street and Number)*	893 N. Pratt
5. *Full Name of Mother,*	Mary Helen Somers
6. *Mother's Maiden Name,*	Dickens.
7. *Mother's Birthplace,*	New York state
8. *Full Name of Father,*	Samuel W. Somers
9. *Father's Occupation,*	Wood Moulder
10. *Father's Birthplace.*	Balt.
Name of Medical Attendant, or other Person who makes this Return	John Hood.
Address,	
Remarks,	

PRINTERS AND STATIONERS

RETURN OF A BIRTH.

82629

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
NOV 2 1885
BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2d

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth Oct. 9th 1885
4. Place of Birth, (Street and Number) 63 Bank st
5. Full Name of Mother, Maggerella Stockman
6. Mother's Maiden Name, " Rolle
7. Mother's Birthplace, City
8. Full Name of Father, Charles Stockman
9. Father's Occupation, Laborer
10. Father's Birthplace, City

Name of Medical Attendant, or other Person who makes this Return. Mrs Elizabeth Betz

Address, 120 Bank St

Remarks,

for each absence to be recovered as other fines and forfeitures are recoverable.

Co., City Printers and Stationers.

85640

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2 the

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* 9 Octbr
4. *Place of Birth, (Street and Number)* 184 Madayra Alley
5. *Full Name of Mother,* Sophie Vries
6. *Mother's Maiden Name,* = Albert
7. *Mother's Birthplace,* Balt
8. *Full Name of Father,* John Vries
9. *Father's Occupation,* Labeln
10. *Father's Birthplace,* Balt

Name of Medical Attendant, or other Person who makes this Return. 424 Lancaster St

Address, Mrs G. Weiss

Remarks,

HEALTH DEPA
OCT 30
BALTIMOR

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

y & Co., City Printers and Stationers.

RETURN OF A BIRTH

82641

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
NOV 5 1885
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2 6irth
1. *Sex, (state whether male or female)*	male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	10 October
4. *Place of Birth, (Street and Number)*	Hem Ste. St. No 80
5. *Full Name of Mother,*	Josephine Kroneberg
6. *Mother's Maiden Name,*	Thie
7. *Mother's Birthplace,*	Emstett Oldenburg. Germa
8. *Full Name of Father,*	Michael Kroneberg
9. *Father's Occupation,*	
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	
Address,	Ind. Avenue
Remarks,	Market Space No 15

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

82642

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
NOV 4 1885
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) —

3. Date of Birth, October 10th 1885

4. Place of Birth, (Street and Number) Pennsylvania Av, near Biddle

5. Full Name of Mother, Ellen Tully

6. Mother's Maiden Name, " Sharpe

7. Mother's Birthplace, Balto

8. Full Name of Father, James E. Tully

9. Father's Occupation, Tobacconist

10. Father's Birthplace, Balto

Name of Medical Attendant, or other Person who makes this Return. R. J. N. Tall, M.D.

Address, 152 Sharp St.

Remarks,

for each offence to be recovered as other fines and forfeitures are recoverable.

by Printers and Stationers.

8264

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
OCT 31 1885
BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2d Child

1. *Sex, (state whether male or female)* Male.
2. *Race or Color, (if not of the white race)* White.
3. *Date of Birth* 10/10/85
4. *Place of Birth, (Street and Number)* No 506 Lombert St.
5. *Full Name of Mother,* Agnes Thorney.
6. *Mother's Maiden Name,* — Upman.
7. *Mother's Birthplace,* Baltimore County.
8. *Full Name of Father,* John Thorney.
9. *Father's Occupation,* Blacksmith
10. *Father's Birthplace,* Baltimore County.

Name of Medical Attendant, or other Person who makes this Return. Anna Linder

Address, No 25 S. Monroe St

Remarks,

...h have occurred under his or her care during the ... name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its ... and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a ...en the first and third day of each and every month to the Office of the Commissioner of Health. In case the ...ld shall occur ... ut the attendance of a Physician or practitioner of midwifery, or should no other person ...ance upon the me... immediately thereafter it shall become the duty of the person ... parents of such child, to ...irth to the Commis... of Health, in the manner and within the period above ... and any such person ...ons who shall hereafter fail to comply with the provisions of this section, shall be subjected ... the fine of ten (10) dollars ...ach offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

82645

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Sixth

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth October 11th 1885.

4. Place of Birth, (Street and Number) 414 S. Paca St.

5. Full Name of Mother, Mary R. Cieman

6. Mother's Maiden Name, Mary R. Muelhoff.

7. Mother's Birthplace, Baltimore Md.

8. Full Name of Father, Henry E. Cieman

9. Father's Occupation, Box maker

10. Father's Birthplace, Germany.

Name of Medical Attendant, or other Person who makes this Return. Peter Munch

Address, No 1 Leadenhall St.

Remarks,

HEALTH DEPARTMENT NOV 2 1885

Co., City Printers and Stationers.

CORRECTION

The preceding document has been re-photographed to assure legibility and its image appears immediately hereafter.

RETURN OF A BIRTH

82644

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
OCT 27 1885
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First.

Sex, (state whether male or female) Female

Race or Color, (if not of the white race) White

Date of Birth, Oct. 11th 1885

Place of Birth, (Street and Number) 258 S. Sharp St.

Full Name of Mother, Minnie Weise
Wolf

Mother's Maiden Name, " "

Mother's Birthplace, Germany

Full Name of Father, Robert Weise

Father's Occupation, Cabinet-maker

Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return Wm Gambel M.D.
1701 S. Sharp St.

Address,

Remarks,

ERS AND STATIONERS

RETURN OF A BIRTH.

82645

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Sixth

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth October 11th 1885.

4. Place of Birth, (Street and Number) 414 S. Paca St.

5. Full Name of Mother, Mary R. Cieman

6. Mother's Maiden Name, Mary R. Muckhoff

7. Mother's Birthplace, Baltimore Md.

8. Full Name of Father, Henry C. Cieman

9. Father's Occupation, Box maker

10. Father's Birthplace, Germany.

Name of Medical Attendant, or other Person who makes this Return. Jules Munch

Address, No 1 Leadenhall St.

Remarks,

HEALTH DEPT. NOV 2 1885

Co., City Printers and Stationers.

RETURN OF A BIRTH.

82616

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth the 11 October
4. Place of Birth, (Street and Number) Baltimor Md Hannover St No 408
5. Full Name of Mother, Willim Holmes
6. Mother's Maiden Name, Josephene Kelber
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, Josephene Holmes
9. Father's Occupation, Care Driver
10. Father's Birthplace, Baltimore Md U.S.

Name of Medical Attendant, or other Person who makes this Return. Mrs Munch

Address, No 1 Leadenhall St

Remarks,

HEALTH DEPARTMENT NOV 2 1885 BALTIMORE MD

Co., City Printers and Stationers.

82647

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
NOV 2 1885
BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2d

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth Oct 11th 1885

4. Place of Birth, (Street and Number) 181 S Ann st

5. Full Name of Mother, Dorethea Schmuel

6. Mother's Maiden Name, " Miller

7. Mother's Birthplace, City

8. Full Name of Father, Georg Schmuel

9. Father's Occupation, (Cooper)

10. Father's Birthplace, City

Name of Medical Attendant, or other Person who makes this Return. Mrs Elizabeth Betz

Address, 125 Bank st.

Remarks,

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

y & Co., City Printers and Stationers.

RETURN OF A BIRTH.

82648

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Sixth

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth October 11. 1885

4. Place of Birth, (Street and Number) 180 N Caroline St

5. Full Name of Mother, Alice Washburne

6. Mother's Maiden Name, Williams

7. Mother's Birthplace, Boston

8. Full Name of Father, Nicholas Washburne

9. Father's Occupation, Woolder

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mary E. Allwell

Address, 286 McDonough St

Remarks,

HEALTH DEPARTMENT NOV 2 1885 BALTIMORE

for each offence, to be recovered as other fines and forfeitures are recoverable.

& Co., City Printers and Stationers.

82649

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Fifth

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth October 12th 1886
4. Place of Birth, (Street and Number) 497 E Monument st
5. Full Name of Mother, Mary A Welch
6. Mother's Maiden Name, McNelly
7. Mother's Birthplace, Ireland
8. Full Name of Father, Jno. Welch
9. Father's Occupation, Laborer
10. Father's Birthplace, Ireland

Name of Medical Attendant, or other Person who makes this Return. Mary A Allwell

Address, 286 McDonogh st

Remarks,

HEALTH DEPARTMENT RECEIVED NOV 2 1886 BALTIMORE MD

for each offence to be recovered as other fines and forfeitures are recoverable.

& Co., City Printers and Stationers.

RETURN OF A BIRTH.

8260

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
NOV 3 1885
BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth Oct. 12 — 1885
4. Place of Birth, (Street and Number) 89 S. Exeter St.
5. Full Name of Mother, Ellen Cavill
6. Mother's Maiden Name, Donovan
7. Mother's Birthplace, Ireland
8. Full Name of Father, Martin Cavill
9. Father's Occupation, Shoe Maker
10. Father's Birthplace, Ireland

Name of Medical Attendant, or other Person who makes this Return. Mary Stein

Address, 151 E Pratt St.

Remarks,

Co., City Printers and Stationers.

82651

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

HEALTH DEPARTMENT, OCT 27 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	Oct 12th 1885
4. Place of Birth, (Street and Number)	562 Druid Hill Ave
5. Full Name of Mother,	May Gaule
6. Mother's Maiden Name,	Sherman
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	Joseph Gaule
9. Father's Occupation,	Clerk
10. Father's Birthplace.	Baltimore
Name of Medical Attendant, or other Person who makes this Return	Chas E Hadder
Address,	565 Druid Hill Ave
Remarks,	

PRINTERS AND STATIONERS.

82652

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
OCT 27 1885
BALTIMORE MD

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	
1. *Sex, (state whether male or female)*	female
2. *Race or Color, (if not of the white race)*	white
3. *Date of Birth,*	12 October
4. *Place of Birth, (Street and Number)*	Belair Avenue
5. *Full Name of Mother,*	Barbara Barnickel
6. *Mother's Maiden Name,*	Barbara Herring
7. *Mother's Birthplace,*	Unteraurach Germany
8. *Full Name of Father,*	John Barnickel
9. *Father's Occupation,*	Bier Brewer
10. *Father's Birthplace,*	Weizendorf Germany.
Name of Medical Attendant, or other Person who makes this Return.	
Address,	
Remarks,	

INTER & STATIONER, BALT.

RETURN OF A BIRTH

82650

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

BIRTH DEPARTMENT
NOV 4 1885
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) .....

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 13. October. 1885
4. Place of Birth, (Street and Number) 29. North Green St
5. Full Name of Mother, Mary Kiel
6. Mother's Maiden Name, Mary Brunner
7. Mother's Birthplace, Balto
8. Full Name of Father, Chas. Kiel
9. Father's Occupation, Upholster
10. Father's Birthplace, Balto

Name of Medical Attendant, or other Person who makes this Return. Mrs Anna Simms

Address, 60 North Schroeder St

Remarks, ...

City Printers and Stationers.

82654

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
NOV 2 1885
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 13 October 1885
4. *Place of Birth, (Street and Number)* Lexington st No 677
5. *Full Name of Mother,* Emmer E Thomas
6. *Mother's Maiden Name,* Emmer E Terry
7. *Mother's Birthplace,* green cassel P A
8. *Full Name of Father,* Charles E Thommas
9. *Father's Occupation,* Fruit Packer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs S Kelly

Address, No 197 Pratt st

Remarks,

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

& Co., City Printers and Stationers.

82655

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
NOV 3 1885
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex, (state whether male or female)* female

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* Oct 13, 1885

4. *Place of Birth, (Street and Number)* Maternité 164 W Lombard St

5. *Full Name of Mother,* Clara Brown

6. *Mother's Maiden Name,* Do

7. *Mother's Birthplace,* Va

8. *Full Name of Father,* —

9. *Father's Occupation,* —

10. *Father's Birthplace,* —

Name of Medical Attendant, or other Person who makes this Return. William S. Gardner M.D.

Address, Maternité

Remarks,

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

Co., City Printers and Stationers.

82656

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
OCT 27 1885
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Second
Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	October 13th 1885
4. Place of Birth, (Street and Number)	230 Hutson St.
5. Full Name of Mother,	Mrs Mary A Heisenrod
6. Mother's Maiden Name,	Mary A. McDuff
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	George Heisenrod
9. Father's Occupation,	Laborer
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Mrs J. A. Garrett
Address,	No 65 Burke St
Remarks,	

for each offence to be recovered as other fines and forfeitures are recoverable.

, City Printers and Stationers.

85657

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth 14th October 1885
4. Place of Birth, (Street and Number) No 9 Washington Ave
5. Full Name of Mother, Barbara Elizebeth Lerch
6. Mother's Maiden Name, Barbara E. Bach.
7. Mother's Birthplace, Baltimore M D.
8. Full Name of Father, Henry Lerch.
9. Father's Occupation, Laborer
10. Father's Birthplace, Fredrick County

Name of Medical Attendant, or other Person who makes this Return. Mrs C Seebach

Address, No 429 W Pratt street.

Remarks,

HEALTH DEPARTMENT NOV 2 1885 BALTIMORE

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

& Co., City Printers and Stationers.

82658

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, October the 14 1885
4. Place of Birth, (Street and Number) No 71 Stricker St
5. Full Name of Mother, Anny E Counsilman
6. Mother's Maiden Name, Anny E Lampson
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Frankalen E Counsilman
9. Father's Occupation, Machinist
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs S Kelley

Address, No 197 Pratt St

Remarks,

HEALTH DEPARTMENT NOV 2 1885 BALTIMORE, MD.

City Printers and Stationers.

82659

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT NOV BALTIMORE MD

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 & 5

1. *Sex, (state whether male or female)* male and female twins
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* 14 of october
4. *Place of Birth, (Street and Number)* stockholm No 5
5. *Full Name of Mother,* mrs Ida Bmentel
6. *Mother's Maiden Name,* Ida howard
7. *Mother's Birthplace,* ~~Bal~~ Baltimore
8. *Full Name of Father,* George Mentel
9. *Father's Occupation,* labor ~~at~~
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return mrs Bentey

Address, No 7 Rempart st

Remarks, Children live and doing well

to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

NTERS AND STATIONERS.

82660

RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT, OCT 27 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth 14 of October
4. Place of Birth, (Street and Number) 15 Barney st
5. Full Name of Mother Louisa Young
6. Mother's Maiden Name Mrs Fenwarr
7. Mother's Birthplace Baltimore
8. Full Name of Father John Young
9. Father's Occupation Glass Blower
10. Father's Birthplace Boston

Name of Medical Attendant, or other Person who makes this Return. Mrs Elizabeth Donaldson

Address 33 Bird st

Remarks child doing well mother got rumatism

82661

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, OCT 31 1885 BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2d Child

1. *Sex, (state whether male or female)* Male.
2. *Race or Color, (if not of the white race)*
3. *Date of Birth* 10/14/85.
4. *Place of Birth, (Street and Number)* No. 99. Lemon St.
5. *Full Name of Mother,* Anna. Tyler.
6. *Mother's Maiden Name,* " Libram.
7. *Mother's Birthplace,* Baltimore County.
8. *Full Name of Father,* Lee Tyler.
9. *Father's Occupation,* Engineer.
10. *Father's Birthplace,* Dorchester.

Name of Medical Attendant, or other Person who makes this Return. Anna. Lindner

Address, No. 45. E. Monroe St.

Remarks,

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

...y & Co., City Printers and Stationers.

8266 2

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth, Oct 15/85

4. Place of Birth, (Street and Number) 121 N. Paca St.

5. Full Name of Mother, Eliza Sanner

6. Mother's Maiden Name, Eliza Maxwell

7. Mother's Birthplace, Balto Co

8. Full Name of Father, Geo R. Sanner.

9. Father's Occupation, Agent

10. Father's Birthplace, Balto Co

Name of Medical Attendant, or other Person who makes this Return. J. H. Miller M.D

Address, 188 Franklin St.

Remarks,

HEALTH DEPARTMENT NOV 2 1885 BALTIMORE MD.

City Printers and Stationers.

RETURN OF A BIRTH

8266

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
NOV 2 1885
BALTIMORE MD

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)	Second Child
1. Sex. (state whether male or female)	Male
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	Oct. 15/85
4. Place of Birth, (Street and Number)	212 Eastern av.
5. Full Name of Mother,	Elizabeth Seiler
6. Mother's Maiden Name,	" Sachs
7. Mother's Birthplace,	Germany
8. Full Name of Father,	Sebastian Seiler
9. Father's Occupation,	Shoe Maker
10. Father's Birthplace,	Germany
Name of Medical Attendant, or other Person who makes this Return	R. W. Mansfield M.D
Address,	52 S Broadway
Remarks,	

INTERS AND STATIONERS

RETURN OF A BIRTH

82664

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
NOV 3 1885
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Oct. 15, 1885.

4. Place of Birth, (Street and Number) Maternite

5. Full Name of Mother, Mary Long

6. Mother's Maiden Name,

7. Mother's Birthplace, Md

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return. William S. Gardner M.D.

Address, Maternite

Remarks,

for each offence to be recovered as other fines and forfeitures are recoverable.

...o., City Printers and Stationers.

82665

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
NOV 2 1885
BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth October 15th

4. Place of Birth, (Street and Number) # 360 S Sharp st

5. Full Name of Mother, Mrs Kate Helmetag

6. Mother's Maiden Name, " Hainlein

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Emil Helmetag

9. Father's Occupation, Paper Hanger

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mr Munch

Address, No 1 Leadenhall St.

Remarks,

for each offence to be recovered as other fines and forfeitures are recoverable.

Co., City Printers and Stationers.

82666

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Oct. 15. 1885
4. Place of Birth, (Street and Number) 228 Preston St
5. Full Name of Mother, Margaret Shaeffer
6. Mother's Maiden Name, " Kellerie
7. Mother's Birthplace, Balt City
8. Full Name of Father, George Shaeffer
9. Father's Occupation, Labour
10. Father's Birthplace, Balt City

Name of Medical Attendant, or other Person who makes this Return Marbury Brewer Md

Address, 68 McCulloh St

Remarks,

HEALTH DEPARTMENT, NOV 2 1885 BALTIMORE, MD.

to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

NTERS AND STATIONERS.

8 2667

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
NOV 2 1885
BALTIMORE MD

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Seventh

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth October 16th 1885

4. Place of Birth, (Street and Number) 89 McElderry st

5. Full Name of Mother, Eleanora Thomas

6. Mother's Maiden Name, Cornelius

7. Mother's Birthplace, Baltimore Md

8. Full Name of Father, Wm H Thomas

9. Father's Occupation, Tinner

10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other Person who makes this Return. Mary et Allwell

Address, 986 Mc Donogh st

Remarks,

for each offence to be recovered as other fines and forfeitures are recoverable.

& Co., City Printers and Stationers.

82668

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
OCT 29 1885
BALTIMORE MD

No. of Child of Mother (state whether ~~1st, 2d~~, 3d, &c.)	Third
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Oct 16th 1885
4. Place of Birth (Street and Number)	96 Monument St
5. Full Name of Mother	Caroline Semple Stabler
6. Mother's Maiden Name	Semple
7. Mother's Birthplace	Philadelphia
8. Full Name of Father	Jordan Stabler
9. Father's Occupation	Grocer
10. Father's Birthplace	Montgomery Co Md
Name of Medical Attendant, or other Person who makes this Return.	Chas G. Price M.D.
Address	162 Madison Ave
Remarks	

82669

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 8th

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth Oct. 16th 1885

4. Place of Birth, (Street and Number) 111 Bank st.

5. Full Name of Mother, Catherina Baker

6. Mother's Maiden Name, " Fredrick

7. Mother's Birthplace, Germany

8. Full Name of Father, Conrad Baker

9. Father's Occupation, Huckster

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs Elizabeth Betz

Address, 120 Bank st.

Remarks,

HEALTH DEPARTMENT
NOV 2 1885
BALTIMORE, MD.

for each offence to be recovered as other fines and forfeitures are recoverable.

Co., City Printers and Stationers.

RETURN OF A BIRTH.

82670

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
NOV 2 1885
BALTIMORE MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3d

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) white

3. Date of Birth the 17 of October 1885

4. Place of Birth, (Street and Number) 88 St. Peter St Baltimore City

5. Full Name of Mother, Minna Eckhardt

6. Mother's Maiden Name, Minna Petzold

7. Mother's Birthplace, Treuen/V. Sachsen Germany

8. Full Name of Father, Gustav Eckhardt

9. Father's Occupation, Laborer

10. Father's Birthplace, Treuen/V. Sachsen, Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs. Seebach

Address, 439 W Lexington Street

Remarks,

for each offence to be recovered as other fines and forfeitures are recoverable.

Co., City Printers and Stationers.

GIVEN NAME ADDED 7-12-55

RETURN OF A BIRTH

83671

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Henry Oswald Floether

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

HEALTH DEPARTMENT NOV 2 1885 BALTIMORE, MD.

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, 17 October 1885
4. Place of Birth, (Street and Number) W Pratt St 381
5. Full Name of Mother, Elizabeth Marie Floether
6. Mother's Maiden Name, Thiel
7. Mother's Birthplace, Empfertshausen — Sare Weimar-Germany
8. Full Name of Father, Oswald Floether
9. Father's Occupation, Tailor
10. Father's Birthplace, Dahlheim — Saxony

Name of Medical Attendant, or other Person who makes this Return, Dr F Reinhardt

Address, 211 N Howard Street

Remarks,

City Printers and Stationers.

82672

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, NOV 1885 BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White Race
3. Date of Birth 17th Oktober
4. Place of Birth, (Street and Number) 75 Fremont Street
5. Full Name of Mother, Amelie Clayton
6. Mother's Maiden Name, Amelie Mova
7. Mother's Birthplace, Baltimore City
8. Full Name of Father, Alexander Clayton
9. Father's Occupation, Inginer
10. Father's Birthplace, Green County Tenesee

Name of Medical Attendant, or other Person who makes this Return. Mrs C Sleback

Address, 439 N Pratt

Remarks,

For each offence to be recovered as other fines and forfeitures are recoverable.

Co., City Printers and Stationers.

RETURN OF A BIRTH.

8267

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
NOV 2 1885
BALTIMORE MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 10

1. Sex, (state whether male or female) [redacted]
2. Race or Color, (if not of the white race)
3. Date of Birth 17th [redacted]
4. Place of Birth, (Street and Number) Baltimore 660 Light St
5. Full Name of Mother, Mary Sweitzer
6. Mother's Maiden Name, [illegible]
7. Mother's Birthplace, Baltimore
8. Full Name of Father, John A Sweitzer
9. Father's Occupation, Police Off.
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs Munch

Address, No 1 Leadenhall St.

Remarks,

Co., City Printers and Stationers.

RETURN OF A BIRTH

82694

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, Oct. 18, 1883

4. Place of Birth, (Street and Number) Maternite 16 N. Lombard St.

5. Full Name of Mother, Anne Gibbons

6. Mother's Maiden Name, Dee

7. Mother's Birthplace, Ireland

8. Full Name of Father, —

9. Father's Occupation, —

10. Father's Birthplace, —

Name of Medical Attendant, or other Person who makes this Return. William S. Gardner M.D.

Address, Maternite

Remarks,

HEALTH DEPARTMENT
NOV 3 1883
BALTIMORE

for each offence to be recovered as other fines and forfeitures are recoverable.

, City Printers and Stationers.

82695

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
NOV 4 1885
BALTIMORE MD

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race) White
3. Date of Birth, October 18th
4. Place of Birth, (Street and Number) No 30 Washington avenue
5. Full Name of Mother, Henrietta Higgins.
6. Mother's Maiden Name, Henrietta Duncan
7. Mother's Birthplace, Baltimore
8. Full Name of Father, James William Higgins.
9. Father's Occupation, Laboror
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Mary E. Bently

Address, No 9 Rinehart st

Remarks, Child living

To a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

...TERS AND STATIONERS.

RETURN OF A BIRTH

82696

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Sex, (state whether male or female) male

Race or Color, (if not of the white race) white

Date of Birth, 18 October

Place of Birth, (Street and Number) Apple St near Hoffman

Full Name of Mother, Jane Parker

Mother's Maiden Name, Jane Henderson

Mother's Birthplace, Washington D. C.

Full Name of Father, Richard Parker

Father's Occupation, Brick worker

Father's Birthplace, Philadelphia

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

ER & STATIONER, BALT.

NOTICE

The succeeding documents were received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

82677

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, OCT 28 1885 BALTIMORE, MD

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* 19 of Oct 1885
4. *Place of Birth, (Street and Number)* 467 Holbard st
5. *Full Name of Mother,* Mary Schley
6. *Mother's Maiden Name,* Mary Tyrell
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* John Schley
9. *Father's Occupation,* Newspaper Dealer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs Hunter

Address, 21 No Pippelton St

Remarks,

..., City Printers and Stationers.

RETURN OF A BIRTH

82678

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT, OCT 30 1885 BALTIMORE, MD.

1. No. of Child of Mother, (state whether 1st, ~~2d, 3d, &c.~~)
2. Sex, (state whether male or ~~female~~)
3. Race or Color, (if not of the white race)
4. Date of Birth, oct 19th
5. Place of Birth, (Street and Number) 432 N. Fayette.
6. Full Name of Mother, Elizabeth ~~Sutton~~ Layton
7. Mother's Maiden Name, Elizabeth Sutton.
8. Mother's Birthplace, D. C.
9. Full Name of Father, Charles H. Layton.
10. Father's Occupation, Merchant.
11. Father's Birthplace, Wash. D.C.
12. Name of Medical Attendant, or other Person who makes this Return — Truman F Hill M.D.
13. Address. 17 N. Calhoun st.
14. Remarks.

CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

82679

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
NOV 2 1885
BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2d

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth Oct 19th 1885

4. Place of Birth, (Street and Number) 126 S Bethel alley

5. Full Name of Mother, Barbara Osterman

6. Mother's Maiden Name, " Bahl

7. Mother's Birthplace, City

8. Full Name of Father, Adam Osterman

9. Father's Occupation, Hack Driver

10. Father's Birthplace, City

Name of Medical Attendant, or other Person who makes this Return. Mrs Elizabeth Betz

Address, 120 Bank St

Remarks,

Co., City Printers and Stationers.

82680

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) second

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 19th Oct 1885
4. Place of Birth, (Street and Number) 19 Stockton ally
5. Full Name of Mother, Louisa Bertha Sommers
6. Mother's Maiden Name, " " " Felber
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Andrew Sommers
9. Father's Occupation, Carpenter
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs. Anna Dunnler

Address, 60 North Schroeder St.

Remarks,

HEALTH DEPARTMENT NOV 4 1885 BALTIMORE, MD.

City Printers and Stationers.

82681

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
OCT 28 1885
BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2nd.
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	Colored
3. Date of Birth	Oct 20th.
4. Place of Birth (Street and Number)	16 Elbow Lane
5. Full Name of Mother	Lavinia Pulley
6. Mother's Maiden Name	Lavinia Pulley
7. Mother's Birthplace	Balt.
8. Full Name of Father	Thomas Anderson
9. Father's Occupation	Laborer
10. Father's Birthplace	Balt
Name of Medical Attendant, or other Person who makes this Return.	R. M. Hall
Address	262 Sharp St.
Remarks	

RETURN OF A BIRTH

82682

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
OCT 27 1885
BALTIMORE MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3d
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	20 Oct. 1885
4. Place of Birth, (Street and Number)	108 Columbia st.
5. Full Name of Mother,	Mary E. Hipple
6. Mother's Maiden Name,	Russell
7. Mother's Birthplace,	Balt.
8. Full Name of Father,	John Hipple
9. Father's Occupation,	Tobacconist
10. Father's Birthplace,	Balt.
Name of Medical Attendant, or other Person who makes this Return	Selina Hood
Address,	
Remarks,	

...TERS AND STATIONERS

82683

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, OCT 30 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second child

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 20. of October 1885
4. Place of Birth, (Street and Number) No 4. Fremont st
5. Full Name of Mother, Matilda Rogers
6. Mother's Maiden Name, Matilda Sedicum
7. Mother's Birthplace, Baltimore County
8. Full Name of Father, John W. Rogers
9. Father's Occupation, Furniture business
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. Susan Hunter

Address, 21 No Poppelton St

Remarks,

City Printers and Stationers.

NOTICE

The succeeding documents were received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

82684

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, OCT 30 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, October 20th 1885
4. Place of Birth, (Street and Number) 142 S Bond st
5. Full Name of Mother, Mary P Roberts
6. Mother's Maiden Name, Mary P Zeller
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Joshua P Thomas Roberts
9. Father's Occupation, Captain Tug Boat
10. Father's Birthplace, Somerset County Maryland

Name of Medical Attendant, or other Person who makes this Return. Mrs Hannah E Knowles

Address, 144 S Bond St

Remarks,

Reports taken to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

Co., City Printers and Stationers.

82685

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT, OCT 31 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* Oct 20th 1885
4. *Place of Birth (Street and Number)* 43 Gay alley
5. *Full Name of Mother* Louisa. Johnson
6. *Mother's Maiden Name* —
7. *Mother's Birthplace* Balto Md
8. *Full Name of Father* L. Johnson
9. *Father's Occupation* Music Teacher
10. *Father's Birthplace* Balto Md

Name of Medical Attendant, or other Person who makes this Return.

Address Mrs Jane D. Castor 717 Hamilton

Remarks

82686

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3d Child

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) White
3. Date of Birth 10th/20th/85.
4. Place of Birth, (Street and Number) No. 327. Mother St.
5. Full Name of Mother, Mary. Falter
6. Mother's Maiden Name, — Reith
7. Mother's Birthplace, Jorktown Penny.
8. Full Name of Father, George Falter.
9. Father's Occupation, Agent for Darby Candy m. f. Co.
10. Father's Birthplace, Baltimore County
11. Name of Medical Attendant, or other Person who makes this Return. Anna Lindner

Address, No. 45 S. Monroe St.

Remarks,

HEALTH DEPARTMENT, OCT 31 1885 BALTIMORE, MD.

for each offence to be recovered as other fines and forfeitures are recoverable.

A Co., City Printers and Stationers.

RETURN OF A BIRTH.

82687

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, OCT 30 1885 BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5 the

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) White

3. Date of Birth 20 Oct 85

4. Place of Birth, (Street and Number) 45 Rose St.

5. Full Name of Mother, Friedericke Blümelein

6. Mother's Maiden Name, — Rode

7. Mother's Birthplace, Balt.

8. Full Name of Father, Andreas Blümelein

9. Father's Occupation, Stove Mounder

10. Father's Birthplace, Balt

Name of Medical Attendant, or other Person who makes this Return. Mrs G. Weiss

Address, 424 Lancaster St.

Remarks,

Co., City Printers and Stationers.

82688

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, OCT 30 1885 BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3 the

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth 20 Oct.

4. Place of Birth, (Street and Number) 48 Burke St.

5. Full Name of Mother, Sophie Mumberger

6. Mother's Maiden Name, = Detken

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Georg Mumberger

9. Father's Occupation, Labeln

10. Father's Birthplace, Balt

Name of Medical Attendant, or other Person who makes this Return. Mrs G. Weiss

Address, 424 Lancaster St.

Remarks,

Co., City Printers and Stationers.

RETURN OF A BIRTH.

82689

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
NOV 2 1885
BALTIMORE MD

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth Oct. 20th 1885

4. Place of Birth, (Street and Number) 156 S Regester st

5. Full Name of Mother, Maggeretta Meyer

6. Mother's Maiden Name, " Andress

7. Mother's Birthplace, City

8. Full Name of Father, Henry Meyer

9. Father's Occupation, Cooper

10. Father's Birthplace, City

Name of Medical Attendant, or other Person who makes this Return. Mrs Elizabeth Betz

Address, 120 Bank st.

Remarks,

Co., City Printers and Stationers.

82690

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Clara M. Mix

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth 1885 October 20 H
4. Place of Birth, (Street and Number) 78 S. Calhoun St
5. Full Name of Mother, Hate Mix.
6. Mother's Maiden Name, Hate Deigerd
7. Mother's Birthplace, Baltimore
8. Full Name of Father, John C. Mix.
9. Father's Occupation, Piano maker
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs. C Seebach

Address, 439 N Pratt street

Remarks, GIVEN NAME ADDED. 5-29-53

L.M.

HEALTH DEPARTMENT, NOV 2 1885 BALTIMORE, MD.

for each offence to be recovered as other fines and forfeitures are recoverable.

Co., City Printers and Stationers.

82691

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
NOV 2 1885
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Third Child
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	20 d October
4. *Place of Birth, (Street and Number)*	155 Saca St
5. *Full Name of Mother,*	Ella Magirk
6. *Mother's Maiden Name,*	Ella Clayton
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	George Magirk
9. *Father's Occupation,*	Cigar Store
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Mrs Ida Sadler
Address,	No 5 New St
Remarks,	

T, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH

8269 2

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

Sex, (state whether male or female) Female

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* Oct. 20, 1885

4. *Place of Birth, (Street and Number)* Maternité, 161 N. Lond. St.

5. *Full Name of Mother,* Mollie Miller

6. *Mother's Maiden Name,* —

7. *Mother's Birthplace,* Md.

8. *Full Name of Father,* —

9. *Father's Occupation,* —

10. *Father's Birthplace,* —

Name of Medical Attendant, or other Person who makes this Return. William H. Gardner M.D.

Address, Maternité.

Remarks,

HEALTH DEPARTMENT NOV 3 1885 BALTIMORE

for each offence to be recovered as other fines and forfeitures are recoverable.

..., City Printers and Stationers.

RETURN OF A BIRTH

8269

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d Henrich

Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) white

3. Date of Birth, 20 october 1885

4. Place of Birth, (Street and Number) N. 69 Exeter str.

5. Full Name of Mother, Sarah Ga Linsey

6. Mother's Maiden Name, " Caplan

7. Mother's Birthplace, Russia

8. Full Name of Father, Julius Linsey

9. Father's Occupation, Cagarette maker

10. Father's Birthplace, Russia

Name of Medical Attendant, or other Person who makes this Return. E. Schirmann

Address, S. Albemarle str. N 26

Remarks,

HEALTH DEPARTMENT NOV 3 1885 BALTIMORE MD

for each offence to be recovered as other fines and forfeitures are recoverable.

City Printers and Stationers

82694

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10 birth

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* whit
3. *Date of Birth,* 20 Oktober
4. *Place of Birth, (Street and Number)* Capelstr. No 8
5. *Full Name of Mother,* Babara Gnau
6. *Mother's Maiden Name,* Schwarz
7. *Mother's Birthplace,* Baltimo
8. *Full Name of Father,* Franz Gnau
9. *Father's Occupation,*
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Address, Mrs. Maure

Remarks, Market Space No 15

HEALTH DEPARTMENT
NOV 5 1885
BALTIMORE, MD.

or persons who shall hereafter fail to comply with the provisions of this Section, for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

8269

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
OCT 28 1935
BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) Colored

3. Date of Birth Oct 21st 1885

4. Place of Birth, (Street and Number) 466 Fremont street

5. Full Name of Mother, Henrietta Potter

6. Mother's Maiden Name, Henrietta Lentis

7. Mother's Birthplace, Maryland

8. Full Name of Father, George Potter

9. Father's Occupation, Waiter

10. Father's Birthplace, Maryland

Name of Medical Attendant, or other Person who makes this Return. Flexner Lawrence

Address, 99 So. Monument street

Remarks,

Co., City Printers and Stationers.

82696

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
OCT 28 1885
BALTIMORE MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 th.

Sex, (state whether male or female) female.

2. Race or Color, (if not of the white race) white.

3. Date of Birth, 21 th of Octob. 1885.

4. Place of Birth, (Street and Number) 1 Chestnut Alley.

5. Full Name of Mother, Amelia Soistman

6. Mother's Maiden Name, Fiske

7. Mother's Birthplace, Balto. Md.

8. Full Name of Father, Charles Soistman.

9. Father's Occupation, Drummaker

10. Father's Birthplace, Philadelphia. Pa

Name of Medical Attendant, or other Person who makes this Return. Mrs. J. Merenzehl.

Address, 404, Penna. Ave.

Remarks,

..., City Printers and Stationers.

82697

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, OCT 27 1885 BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1 st.

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth Oct 21 st., 1885.
4. Place of Birth, (Street and Number) Baltimore No. 4 S. Carolina St
5. Full Name of Mother, Lillian Smith
6. Mother's Maiden Name, " " Thomas.
7. Mother's Birthplace, Holliduys - burg Pa.
8. Full Name of Father, John H Smith.
9. Father's Occupation, Barber
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs Ann Kosman

Address, No 10 S Eden St

Remarks,

Report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

...y & Co., City Printers and Stationers.

RETURN OF A BIRTH.

8267 8

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, NOV 2 1885 BALTIMORE, MD.

No. of Child of Mother (state whether 1st, ~~2d, 3d,~~ &c.)

1. Sex, (state whether male or ~~female~~)

2. Race or Color, (if not of the white race)

3. Date of Birth 21st October

4. Place of Birth, (Street and Number) No 171 Fort Avenue

5. Full Name of Mother, Mary Becker

6. Mother's Maiden Name, Barr.

7. Mother's Birthplace, Baltimore

8. Full Name of Father, John L. Becker.

9. Father's Occupation, Cigar Box Maker.

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs. Minch

Address, No 1 Leadenhall Str.

Remarks,

Co., City Printers and Stationers.

82699

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Robert Johannus Nuffer.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* Oct. 21st 85
4. *Place of Birth, (Street and Number)* # 372 West St.
5. *Full Name of Mother,* Maggie Nuffer
6. *Mother's Maiden Name,* " Kuhlgusz
7. *Mother's Birthplace,* Wurthemburg (Germany.)
8. *Full Name of Father,* John Nuffer
9. *Father's Occupation,* Cabinet maker
10. *Father's Birthplace,* Wurthemburg.

Name of Medical Attendant, or other Person who makes this Return. Mary Kroh

Address, # 328 S. Eutaw St.

Remarks, GIVEN NAME ADDED 4/30/54 [illegible]

HEALTH DEPARTMENT NOV 2 1885 BALTIMORE MD.

Co., City Printers and Stationers.

RETURN OF A BIRTH.

$2700

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

. of Child of Mother (state whether 1st, 2d, 3d, &c.) Record,

Sex (state whether male or female) female

Race or Color, (if not of the white race) Color.

Date of Birth 21 Oct. 1845

Place of Birth, (Street and Number) Linden ave. 161.

Full Name of Mother, Anna f. Christian,

Mother's Maiden Name, A. f. Scott.

Mother's Birthplace, New kent Co.

Full Name of Father, Benj. B. Christian,

Father's Occupation, Waiter.

Fath[illegible]s Birthplace, New kent Co.

Name of Medical Attendant, or other Person who makes this Return. Anne Johnson

Address, 94 Tyson street

Remarks,

HEALTH DEPARTMENT
NOV 3 1885
BALTIMORE

[illegible]nters and Stationers.

RETURN OF A BIRTH 82 707

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
NOV 3 1885
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) colored

3. Date of Birth, ~~No 4~~ Vincent Alley Balto Md Oct 21st

4. Place of Birth, (Street and Number) No 4 Vincent Alley Balto Md

5. Full Name of Mother, Sarah Shorter

6. Mother's Maiden Name,

7. Mother's Birthplace, A A county Md

8. Full Name of Father, George Shorter

9. Father's Occupation, Laborer

10. Father's Birthplace, A A county Md

Name of Medical Attendant, or other Person who makes this Return. Sarah Rollins

Address,

Remarks,

y Printers and Stationers.

RETURN OF A BIRTH

82762

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
NOV 1 1895
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Oct 21 95

4. Place of Birth, (Street and Number) S. E. Cor. Franklin & Fremont Sts

5. Full Name of Mother, Mrs. Mary Reed

6. Mother's Maiden Name, " Schumann

7. Mother's Birthplace, City

8. Full Name of Father, Antonio Reed

9. Father's Occupation, "Garbage man"

10. Father's Birthplace, City

Name of Medical Attendant, or other Person who makes this Return, H. F. Hill

Address, Office H. F. HILL, M. D., EDMONDSON AVE. & SCHROEDER ST. BALTIMORE, MD.

Remarks,

City Printers and Stationers.

8270 (3

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, NOV 3 1885 BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd Child

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth Oct 21st 1885
4. Place of Birth, (Street and Number) No 32 Rose st
5. Full Name of Mother, Mrs Marcella Grooms
6. Mother's Maiden Name, Marcella Hall
7. Mother's Birthplace, Carroll county Md
8. Full Name of Father, Jas Alfred Grooms
9. Father's Occupation, Fireman
10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other Person who makes this Return. Annie Johnson

Address, 94 Tyson street

Remarks,

o., City Printers and Stationers,

82704

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
NOV 3 1885
BALTIMORE MD

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) Colored

3. Date of Birth 21 October

4. Place of Birth, (Street and Number) # 4 Union Alley

5. Full Name of Mother, Annie Davis

6. Mother's Maiden Name, " Miller.

7. Mother's Birthplace, Pennsylvania

8. Full Name of Father, George Davis

9. Father's Occupation, Laborer

10. Father's Birthplace, Pennsylvania

Name of Medical Attendant, or other Person who makes this Return. Mrs Rose Albig

Address, 48 Holland St Balt Md

Remarks,

Co., City Printers and Stationers.

GIVEN NAME ADDED 2-14-52 82705

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: William Peter Dietz

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth* 21st October 1885
4. *Place of Birth, (Street and Number)* No 330 South Charles Street
5. *Full Name of Mother,* Maggie Meikel
6. *Mother's Maiden Name,* Maggie Dietz
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Adam Dietz
9. *Father's Occupation,* Grocery Stor Kaper
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs Minch

Address, No 1 X Scarlenhall Str.

Remarks,

HEALTH DEPARTMENT NOV 4 1885 BALTIMORE, MD.

...or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

...y & Co., City Printers and Stationers.

RETURN OF A BIRTH

82706

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
OCT 28 1885
BALTIMORE, MD.

. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5 Child
Sex, (state whether male or female)	male
Race or Color, (if not of the white race)	Colored
Date of Birth,	Oct. 22. 1885
Place of Birth, (Street and Number)	Baltimore Durham No 250
Full Name of Mother,	Eliza Walker
Mother's Maiden Name,	Eliza Carpher
Mother's Birthplace,	Baltimore Md.
Full Name of Father,	John. Walker
Father's Occupation,	Oyster Shucker
Father's Birthplace,	Eastern Shore - Dorchester Co.
Name of Medical Attendant, or other Person who makes this Return	Ellen. Carson
Address,	No 271 Aisquith street
Remarks,	

S AND STATIONERS

RETURN OF A BIRTH

82707

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
OCT 28 1885
BALTIMORE MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) white.

3. Date of Birth, 22th of Octob. 85.

4. Place of Birth, (Street and Number) 273 Hofmann Steet.

5. Full Name of Mother, Franziska Reif.

6. Mother's Maiden Name, Reif.

7. Mother's Birthplace, Baelo. Md.

8. Full Name of Father, Frankl. Reif.

9. Father's Occupation, Butcher.

10. Father's Birthplace, Baelo. Md.

Name of Medical Attendant, or other Person who makes this Return. Mi. A. Merenzchl.

Address, 407 Penna. Ave.

Remarks,

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

& Co., City Printers and Stationers.

82708

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT, OCT 29 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd
Sex, (state whether male or female)	Female
Race or Color, (if not of the white race)	White
Date of Birth,	Oct 22nd 1885
Place of Birth, (Street and Number)	504 Madison Av
Full Name of Mother,	Fanny Kingsbury Pugh
Mother's Maiden Name,	Fanny Kingsbury
Mother's Birthplace,	N C
Full Name of Father,	Thos E Pugh
Father's Occupation,	Commission Merchants
Father's Birthplace,	N C
Name of Medical Attendant, or other Person who makes this Return	Caleb Winslow MD
Address,	23 McCulloh St
Remarks,	Balto

RS AND STATIONERS

82709

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, OCT 27 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2th

1. Sex, (state whether male or female) Femal
2. Race or Color, (if not of the white race) White
3. Date of Birth, October 22th 1885
4. Place of Birth, (Street and Number) Towson St Toost Point
5. Full Name of Mother, Lenne ~~[illegible]~~ Lentz
6. Mother's Maiden Name, Lena Miller
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Michel Lentz
9. Father's Occupation, Commaker
10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs Ettel

Address, No 13 Cuba

Remarks,

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

Co., City Printers and Stationers.

RETURN OF A BIRTH.

82710

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
NOV 2 1885
BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th

Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth Oct 23d 1885

4. Place of Birth, (Street and Number) 337 Eastern Ave

5. Full Name of Mother, Regina Sues

6. Mother's Maiden Name, " Kellner

7. Mother's Birthplace, City

8. Full Name of Father, Joseph Sues

9. Father's Occupation, Paver

Father's Birthplace, City

Name of Medical Attendant, or other Person who makes this Return. Mrs Elizabeth Betz

Address, 120 Bank st

Remarks,

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the above penalty for each offence to be recovered as other fines and forfeitures are recoverable.

& Co., City Printers and Stationers.

RETURN OF A BIRTH.

82711

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) the 4 child

1. Sex, (state whether male or female) female child

2. Race or Color, (if not of the white race) color child

3. Date of Birth 22 of october 1885

4. Place of Birth, (Street and Number) 181 yark street

5. Full Name of Mother, Henrietto Taylor

6. Mother's Maiden Name, Henrietta Jefferson

7. Mother's Birthplace, Baltimore Md. D.

8. Full Name of Father, John. Taylor

9. Father's Occupation, Oyster Shuck

10. Father's Birthplace, Baltimore Md. D.

Name of Medical Attendant, or other Person who makes this Return. Milley Gross

Address, No. 181 yarke street

Remarks,

HEALTH DEPARTMENT OCT 30 1885 BALTIMORE, MD.

Co., City Printers and Stationers.

NOTICE

The succeeding document was received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

82712

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, NOV 2 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th & 8th

Sex, (state whether male or female) Female

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* October 22th

4. *Place of Birth, (Street and Number)* Preston st near Washington

5. *Full Name of Mother,* Alvinea Ostor

6. *Mother's Maiden Name,* Alvinea Lasest

7. *Mother's Birthplace,* Germany

8. *Full Name of Father,* Nick Ostor

9. *Father's Occupation,* Cigar Maker

10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs Bruns

Address, No 6 Chester st Belair Av

Remarks,

for each offence to be recovered as other fines and forfeitures are recoverable.

, City Printers and Stationers.

RETURN OF A BIRTH.

8271 3

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth Oct 22 nd 85

4. Place of Birth, (Street and Number) # 338 West St.

5. Full Name of Mother, Ella Evans

6. Mother's Maiden Name, " Schultz

7. Mother's Birthplace, Balto.

8. Full Name of Father, William Evans

9. Father's Occupation, Butcher

10. Father's Birthplace, Balto.

Name of Medical Attendant, or other Person who makes this Return. Mary Koch

Address, # 328 S. Eutaw St.

Remarks,

HEALTH DEPARTMENT
NOV 7 1885
BALTIMORE MD

Reports are duly to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

by & Co., City Printers and Stationers.

82714

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* Oct 22nd 85
4. *Place of Birth, (Street and Number)* # 578 Cross St
5. *Full Name of Mother,* Maria Schultz
6. *Mother's Maiden Name,* " Bilick
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Henry Schultz
9. *Father's Occupation,* Clerk
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mary Kroh

Address, # 328 S. Eutaw St.

Remarks,

HEALTH DEPARTMENT NOV 2 1885 BALTIMORE MD

..., City Printers and Stationers,

GIVEN NAME ADDED 3-27-52

82715

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Clara Louise Gith

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth, Oct 22-85

4. Place of Birth, (Street and Number) 111 Mosher St.

5. Full Name of Mother, Anna D. Gith

6. Mother's Maiden Name, Anna D. Cole

7. Mother's Birthplace, Md.

8. Full Name of Father, John A. Gith

9. Father's Occupation, Tailor

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return. H. Keller M.D.

Address, 188 Franklin St.

Remarks,

HEALTH DEPARTMENT
NOV 2 1885
BALTIMORE MD

City Printers and Stationers.

82716

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, NOV 3 1885 BALTIMORE MD

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* Oct 22nd 1885
4. *Place of Birth, (Street and Number)* No 13 Vincent Alley Balto Md
5. *Full Name of Mother,* Sophia Mackall
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* A A county Md
8. *Full Name of Father,* Julius Mackall
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* A A county Md

Name of Medical Attendant, or other Person who makes this Return. Sarah Rollins

Address,

Remarks,

for each offence to be recovered as other fines and forfeitures are recoverable.

y Printers and Stationers.

82717

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
NOV 3 1885
BALTIMORE MD

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Oct. 22, 1885

4. Place of Birth, (Street and Number) Maternité, 161 W Lombard St.

5. Full Name of Mother, Mrs Smith

6. Mother's Maiden Name,

7. Mother's Birthplace, Germany

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return. William S. Gardner M.D.
Maternité

Address,

Remarks,

For each offence to be recovered as other fines are recovered.

, City Printers and Stationers.

82718

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
NOV 3 1885
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth Oct 22 1885

4. Place of Birth, (Street and Number) 47 N. Spring St.

5. Full Name of Mother, Amelia Gibney

6. Mother's Maiden Name, Ammon

7. Mother's Birthplace, Baltimore Md

8. Full Name of Father, Hugh Gibney

9. Father's Occupation, Laborer

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mary Stein

Address, 151 E Pratt St.

Remarks,

for each offence to be recovered as other fines and forfeitures are recoverable.

& Co., City Printers and Stationers.

RETURN OF A BIRTH. 82719

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) Jewish
3. Date of Birth 22 October 1885
4. Place of Birth, (Street and Number) 49 Low St.
5. Full Name of Mother, Hennie Levy
6. Mother's Maiden Name, " Freidman
7. Mother's Birthplace, Rusia
8. Full Name of Father, Zman Levy
9. Father's Occupation, Tin Peddlar
10. Father's Birthplace, Rusia

Name of Medical Attendant, or other Person who makes this Return. Mrs Rosa Ulzig

Address, 48 Holland St Balt. Md.

Remarks,

HEALTH DEPARTMENT NOV 3 1885 BALTIMORE, MD

...Co., City Printers and Stationers.

RETURN OF A BIRTH.

82720

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
NOV 3 1885
BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth 22 October
4. Place of Birth, (Street and Number) 273 West Pratt St.
5. Full Name of Mother, Sophia Fuller
6. Mother's Maiden Name, " Schreiber
7. Mother's Birthplace, Balt. Md.
8. Full Name of Father, Joseph Fuller
9. Father's Occupation, Printer
10. Father's Birthplace, Balt. Md

Name of Medical Attendant, or other Person who makes this Return. Mrs Rosa Ulbig

Address, No 48 Holland St Balt. Md.

Remarks,

or person who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

y & Co., City Printers and Stationers.

82721

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

BIRTH DEPARTMENT
NOV 4 1835
BALTIMORE MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First Child

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* October Twenty Second
4. *Place of Birth, (Street and Number)* 241 S. Sharp st
5. *Full Name of Mother,* Elizabeth Virginia Carr
6. *Mother's Maiden Name,* Elizabeth Virginia Wise
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* John Henry Francis Carr
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return Sharp Drit 255

Address, A Bosien

Remarks,

...TERS AND STATIONERS.

GIVEN NAME ADDED 1-5-60 ~~[illegible]~~ 82722

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
NOV 5 1885
BALTIMORE MD.

Name: James Lewis Bowen

. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6th
Sex, (state whether male or female)	Boy
Race or Color, (if not of the white race)	White
Date of Birth,	Thursday Octo. 22nd. 1885
Place of Birth, (Street and Number)	S. E. cor. Chas. St. & Forrest Place.
Full Name of Mother,	Juliet Bowen
Mother's Maiden Name,	Hewell
Mother's Birthplace,	Baltimore.
Full Name of Father,	Albert (Alfred) Bowen,
Father's Occupation,	Grocer,
Father's Birthplace,	Baltimore.
Name of Medical Attendant, or other Person who makes this Return	Wilmer Brinton, M.D.
Address,	Chas. St. & Forrest Place
Remarks,	

AND STATIONERS

RETURN OF A BIRTH

82723

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) Colord

3. Date of Birth, 23

4. Place of Birth, (Street and Number) Baltimore " 140 " S Collar St

5. Full Name of Mother, Harriet Ann Harris

6. Mother's Maiden Name, Harriet Ann Harris

7. Mother's Birthplace, Talbert Conty Md

8. Full Name of Father, Joseph Harris

9. Father's Occupation, Laboring

10. Father's Birthplace, Bay Hundred Md

Name of Medical Attendant, or other Person who makes this Return. Susen Morgan

Address, 47 Durham St

Remarks, Mother doing well

HEALTH DEPARTMENT, OCT 28 1935, BALTIMORE, MD.

for each offence to be recovered as other fines and forfeitures are recoverable.

, City Printers and Stationers.

RETURN OF A BIRTH

82724

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third Child female

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) Color

3. Date of Birth, Oct 23

4. Place of Birth, (Street and Number) 23 Douglas st

5. Full Name of Mother, Lydia soles

6. Mother's Maiden Name, Lydia Gillespeard

7. Mother's Birthplace, Baltimore city

8. Full Name of Father, William soles

9. Father's Occupation, Laboring

10. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other Person who makes this Return. Susie maguire

Address, 47 north Durham st

Remarks, mother doing well

HEALTH DEPARTMENT
OCT 28 1885
BALTIMORE, MD.

, City Printers and Stationers.

RETURN OF A BIRTH

82725

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 & child

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Oct. 23th 1885

4. Place of Birth, (Street and Number) 504 Canton av

5. Full Name of Mother, Elizabeth E Shorr

6. Mother's Maiden Name, Wagner

7. Mother's Birthplace, Baltimore

8. Full Name of Father, John E Shorr

9. Father's Occupation, Can Maker

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. Miss Wiley

Address, No 12 Patterson Park

Remarks,

City Printers and Stationers.

GIVEN NAME ADDED 10-2-50 82726

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Claudia M. ~~Tarlton~~

HEALTH DEPARTMENT
NOV 1 1885
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) fourth

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 23rd Oct 1885
4. *Place of Birth, (Street and Number)* No. 160 Chester St.
5. *Full Name of Mother,* Ellen Tarlton
6. *Mother's Maiden Name,* Jones
7. *Mother's Birthplace,* St. Mary's County
8. *Full Name of Father,* Geo. C. Tarlton
9. *Father's Occupation,* Concmaker
10. *Father's Birthplace,* St. Mary's County

Name of Medical Attendant, or other Person who makes this Return Louisa Schultz

Address, No. 346. E. Chew St.

Remarks,

any person or persons who shall mutilate, or in any way, to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

INTERS AND STATIONERS.

82727

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Oct 23 1885
4. *Place of Birth, (Street and Number)* 373 Madison Avenue
5. *Full Name of Mother,* Theresa Burgundon
6. *Mother's Maiden Name,* " Gundenheimer
7. *Mother's Birthplace,* City
8. *Full Name of Father,* Joseph Burgundon
9. *Father's Occupation,* Merchant
10. *Father's Birthplace,* City

Name of Medical Attendant, or other Person who makes this Return A. R. Freda M.D.

Address,

Remarks,

HEALTH DEPARTMENT, NOV 1 1885 BALTIMORE, MD.

to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

...TERS AND STATIONERS.

RETURN OF A BIRTH.

82728

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
NOV 2 1885
BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth Oct 23d 1885

4. Place of Birth, (Street and Number) 274 Bank st

5. Full Name of Mother, Charlotta Shamberger

6. Mother's Maiden Name, " Lampert

7. Mother's Birthplace, Germany

8. Full Name of Father, Joseph Shamberger

9. Father's Occupation, Carpenter

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return. Miss Elizabeth Belz

Address, 120 Bank St

Remarks,

Co., City Printers and Stationers.

RETURN OF A BIRTH

82729

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
NOV 2 1885
BALTIMORE MD

of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

Sex, (state whether male or female) Girl

Race or Color, (if not of the white race)

Date of Birth, October 23 1885

Place of Birth, (Street and Number) 44 Thames St

Full Name of Mother, Dora Buckley

Mother's Maiden Name, Dora McGrath

Mother's Birthplace, Baltimore

Full Name of Father, Wm. Buckley

Father's Occupation, Labourer

Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Louisa Smith

Address, Name of Child Kate Buckley

Remarks,

S AND STATIONERS

RETURN OF A BIRTH

82/30

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
NOV 2 1885
BALTIMORE, MD.

of Child of Mother. (state whether 1st, 2d, 3d, &c.)	First child
Sex, (state whether male or female)	Female
Race or Color, (if not of the white race)	White
Date of Birth,	Oct. 23/85
Place of Birth, (Street and Number)	253 E. Pratt
Full Name of Mother,	Mary Meyers
Mother's Maiden Name,	" Gran
Mother's Birthplace,	Baltimore
Full Name of Father,	Chas. Meyers
Father's Occupation,	Tailor
Father's Birthplace,	Germany
Name of Medical Attendant, or other Person who makes this Return	R. W. Mansfield M.D
Address,	50 So Broadway
Remarks,	

AND STATIONERS

82731

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
NOV 3 1885
BALTIMORE MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth Oct. 25, 1885.
4. Place of Birth (Street and Number) 239 Mosher St., Balto, Md.
5. Full Name of Mother Annabell Longlance Everton
6. Mother's Maiden Name Annabell Longlance
7. Mother's Birthplace New York City
8. Full Name of Father Angus Robert Everton
9. Father's Occupation Photographer
10. Father's Birthplace Scotland

Name of Medical Attendant, or other Person who makes this Return. Wm McNickerson, M.D.

Address Arlington & Harlem Aves.

Remarks

RETURN OF A BIRTH

82732

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) ~~Female~~ Ninth

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth, Oct 23

4. Place of Birth, (Street and Number) Baltimore Burgundy alley 218

5. Full Name of Mother, Josephine Leinchome

6. Mother's Maiden Name, Josephine Slack

7. Mother's Birthplace, Baltimore

8. Full Name of Father, James Leinchome

9. Father's Occupation, Laborer

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs Mc. Shaffer

Address, 373 Hamburg st

Remarks,

NOV 3 1885
BALTIMORE MD

City Printers and Stationers.

82733

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fifth

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Black
3. *Date of Birth,* Oct. 23, 1885.
4. *Place of Birth, (Street and Number)* Maternité, 161 W Lombard St.
5. *Full Name of Mother,* Minnie Tim
6. *Mother's Maiden Name,* Minnie Wheeler
7. *Mother's Birthplace,* Md.
8. *Full Name of Father,* Jesse Tim
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Pa

Name of Medical Attendant, or other Person who makes this Return. William S. Gardner M.D.

Address, Maternité

Remarks,

HEALTH DEPARTMENT NOV 3 1885

report his birth to the Commissioner of Health, in the manner and within the period above required, and any other person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

Co., City Printers and Stationers.

RETURN OF A BIRTH

82734

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 23 Oct
4. *Place of Birth, (Street and Number)* 67 Portland Street
5. *Full Name of Mother,* Maggie Rohleder
6. *Mother's Maiden Name,* " " Whaye
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Joseph A Rohleder
9. *Father's Occupation,* Packer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs Stümbler

Address, 60 North Schroeder St

Remarks,

City Printers and Stationers.

RETURN OF A BIRTH

82735

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT, NOV 5 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

Sex, (state whether male or female) female

Race or Color, (if not of the white race) negro

Date of Birth, Oct 28th

Place of Birth, (Street and Number) 8. Carlton St.

Full Name of Mother, Lizzie Hall

Mother's Maiden Name, " Gray

Mother's Birthplace, Baltimore

Full Name of Father, John Hall

Father's Occupation, Laborer

Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Milly Blake

Address, 5. 3. Carlton St.

Remarks, Healthy

CITY PRINTERS AND STATIONERS

NOTICE

The succeeding document was received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

82736

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
NOV 4 1885
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

Sex, (state whether male or female) Male

Race or Color, (if not of the white race) White

Date of Birth, Oct. 23rd. 85

Place of Birth, (Street and Number) 879 Mc. Henry st

Full Name of Mother, Clara A. ~~Hoffman~~ Chandler

Mother's Maiden Name, Clara A. Hoffman

Mother's Birthplace, Towsontown. Balto. Co. Md

Full Name of Father, Charles M. Chandler

Father's Occupation, Carpenter at B & O. R R

Father's Birthplace, Montgomery Co. N York

Name of Medical Attendant, or other Person who makes this Return M. J. Leman

Address, No. 50. S. Carrollton ave

Remarks. Fine healthy child
Childs name Charles Marion Chandler

CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

82737

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
OCT 28 1885
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

Sex, (state whether male or female) Female

Race or Color, (if not of the white race) White

Date of Birth, October 24th, 1885

Place of Birth, (Street and Number) 55 Oak St, Baltimore

Full Name of Mother. Caroline J. Fetherbee Fort

Mother's Maiden Name. Caroline J. Fetherbee

Mother's Birthplace, Fitchburg Mass.

Full Name of Father. Samuel Jayne Fort

Father's Occupation, Physician

Father's Birthplace, Burlington N. J.

Name of Medical Attendant, or other Person who makee this Return Samuel J. Fort

Address, 55 Oak St. Baltimore.

Remarks,

RS AND STATIONERS

RETURN OF A BIRTH

8 2738

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
OCT 31 1885
BALTIMORE MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Oct 24th 1885

4. Place of Birth, (Street and Number) 67 Hanover St

5. Full Name of Mother, Mary E Bartlett

6. Mother's Maiden Name, E. ... Slaughter

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Wm H Bartlett

9. Father's Occupation, Painter

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return, Theodore Cook M.D.

Address, 146 Hanover St

Remarks,

City Printers and Stationers.

82739

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, OCT 30 1885 BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth* 24. October
4. *Place of Birth, (Street and Number)* 17 W Pratt
5. *Full Name of Mother,* Mattie Wissner
6. *Mother's Maiden Name,* Mattie Wohler
7. *Mother's Birthplace,* Prussia
8. *Full Name of Father,* Cabinetmaker
9. *Father's Occupation,* Prussia
10. *Father's Birthplace,* Prussia

Name of Medical Attendant, or other Person who makes this Return. Wm Reiß Hebamme

Address, No 28. N. Friedrichstrasse Baltimore

Remarks,

birth of any child shall occur without the attendance of a [illegible] be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

82740

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
OCT 30 1885
BALTIMORE MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) white

3. Date of Birth, october the 27

4. Place of Birth, (Street and Number) Baltimore light st No 122

5. Full Name of Mother, Kate wimpleny

6. Mother's Maiden Name, fahy

7. Mother's Birthplace, irland

8. Full Name of Father, andrey wimpleny

9. Father's Occupation, labarer

10. Father's Birthplace, germany

Name of Medical Attendant, or other Person who makes this Return. Elizabeth Hathorn

Address, light st No 422

Remarks,

City Printers and Stationers.

RETURN OF A BIRTH

82741

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

To a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2?

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* October 24. 1885

4. *Place of Birth, (Street and Number)* 383 Madison Avenue

5. *Full Name of Mother,* Mary Thomas Reese

6. *Mother's Maiden Name,* [illegible] Snowden

7. *Mother's Birthplace,* Washington D.C.

8. *Full Name of Father,* Laurence M. Reese

9. *Father's Occupation,* Clerk

10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return — Marbury Brown MD

Address, 68 McCulloh St.

Remarks,

HEALTH DEPARTMENT NOV 2 1885 BALTIMORE MD

PRINTERS AND STATIONERS.

82742

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5 Child

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* White Race
3. *Date of Birth,* Baltimore 24 C 1885
4. *Place of Birth, (Street and Number)* 91 Corner of Pierce and Pine
5. *Full Name of Mother,* Mary V Mentzel
6. *Mother's Maiden Name,* Mary Virginie Borgeast
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Larence Mentzel
9. *Father's Occupation,* Carpenter
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Susan Hunter

Address, 21 No Pappelton St

Remarks,

HEALTH DEPARTMENT NOV 2 1885 BALTIMORE, MD

City Printers and Stationers.

NOTICE

The succeeding document was received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

RETURN OF A BIRTH.

82743

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
NOV 2 1885
BALTIMORE

No. of Child of Mother (*state whether 1st, 2d, 3d, &c.*) Second

1. *Sex*, (*state whether male or female*) Male

2. *Race or Color*, (*if not of the white race*) White

3. *Date of Birth* 24 Oct

4. *Place of Birth*, (*Street and Number*) No 15 Irving Street

5. *Full Name of Mother*, Mrs. E. Roche

6. *Mother's Maiden Name*, Joanna E. Roche

7. *Mother's Birthplace*, Co. Limerick Ireland

8. *Full Name of Father*, Edward E. Roche

9. *Father's Occupation*, Grocer

10. *Father's Birthplace*, Co. Limerick Ireland

Name of Medical Attendant, or other Person who makes this Return. Wm. Keough

Address, 139 W Pratt Street

Remarks,

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

y & Co., City Printers and Stationers.

RETURN OF A BIRTH.

82744

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) Jewish

3. Date of Birth 24 October 1885

4. Place of Birth, (Street and Number) 84 Harrison St.

5. Full Name of Mother, Barbara W. Scharfzman

6. Mother's Maiden Name, " Landauer

7. Mother's Birthplace, Europe

8. Full Name of Father, George Scharfzman

9. Father's Occupation, Schoemaker

10. Father's Birthplace, Europe

Name of Medical Attendant, or other Person who makes this Return. Mrs Rosa Ullrg

Address, 48 Hollant St

Remarks, Balt.

Co., City Printers and Stationers.

RETURN OF A BIRTH

82745

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8

Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth, 24th Oct 1885

4. Place of Birth, (Street and Number) No 102 Riverside Ave

5. Full Name of Mother, Ida E. Thumblert

6. Mother's Maiden Name, Holmes

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Peter A. Thumblert

9. Father's Occupation, Machinist

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. Elizabeth. Yerwell

Address, 68 Front Ave

Remarks,

HEALTH DEPARTMENT
NOV 3 1885
BALTIMORE MD

for each offence to be recovered as other fines and forfeitures are recoverable.

., City Printers and Stationers.

RETURN OF A BIRTH

82746

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

Charles K.

HEALTH DEPARTMENT
NOV 5 1885
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st.
Sex, (state whether male or female)	Boy
Race or Color, (if not of the white race)	White
Date of Birth,	Tuesday. Octo. 20th. 85
Place of Birth, (Street and Number)	31 Holbrook St.
Full Name of Mother,	Fannie Gantz
Mother's Maiden Name,	Fannie Kuntzel
Mother's Birthplace,	York. Co. Pa.
Full Name of Father,	Daniel Gantz
Father's Occupation,	Carpenter
Father's Birthplace,	Glenrock Pa.
Name of Medical Attendant, or other Person who makes this Return	Wilmer Brinton M.D.
Address,	Chase St. & Forrest Place
Remarks,	Name added by undersigned 9/22/86 P

Charles K. Gantz

ING AND STATIONERS

82747

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, NOV 5 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 13

1. *Sex, (state whether male or female)* male Male
2. *Race or Color, (if not of the white race)* Color
3. *Date of Birth,* 25 Oct
4. *Place of Birth, (Street and Number)* 8 forrest St
5. *Full Name of Mother,* Louisa Helly
6. *Mother's Maiden Name,* Louisa Broughton
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Alfred Helly
9. *Father's Occupation,* Labor
10. *Father's Birthplace,* Balta County

Name of Medical Attendant, or other Person who makes this Return, Harriet Jackson

Address, 14 Douglas St

Remarks, Rec'd

Printers and Stationers.

RETURN OF A BIRTH

83 748

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	9 (sixth
1. *Sex, (state whether male or female)*	male
2. *Race or Color, (if not of the white race)*	white
3. *Date of Birth,*	25 Oktober
4. *Place of Birth, (Street and Number)*	Cassell St. No 1
5. *Full Name of Mother,*	Kunigunde Homann
6. *Mother's Maiden Name,*	Sadler
7. *Mother's Birthplace,*	Welsh Baier Germ.
8. *Full Name of Father,*	Valentin Homann
9. *Father's Occupation,*	
10. *Father's Birthplace,*	Regensweiler Baier Germ.
Name of Medical Attendant, or other Person who makes this Return.	
Address,	Mrs. Mansee
Remarks,	Market Space No 15

HEALTH DEPARTMENT NOV 5 1883 BALTIMORE, MD.

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

82749

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
NOV 2 1885
BALTIMORE MD

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 Child.

1. *Sex, (state whether male or female)* Female.
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Oct. 25 — 1885.
4. *Place of Birth, (Street and Number)* 363 Eutaw st.
5. *Full Name of Mother,* Bertha Koeneke
6. *Mother's Maiden Name,* Schmidt.
7. *Mother's Birthplace,* Germany.
8. *Full Name of Father,* George Koeneke
9. *Father's Occupation,* Tailor.
10. *Father's Birthplace,* America.

Name of Medical Attendant, or other Person who makes this Return. J. Lohmasser Midwife.

Address, 330 Hanover st.

Remarks,

...ity Printers and Stationers.

GIVEN NAME ADDED 6-13-50

RETURN OF A BIRTH.

82750

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Lillian Mary Bennett

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth Oct. 25 1885

4. Place of Birth, (Street and Number) # 44 Guilford Av.

5. Full Name of Mother, Katie Bennet

6. Mother's Maiden Name, Krukus

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Jacob Bennet

9. Father's Occupation, Labor

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mary Koch

Address, # 328 S. Eutaw St

Remarks,

HEALTH DEPARTMENT NOV 2 1885 TIMORE MD

...o., City Printers and Stationers.

82751

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Report this birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth

1. *Sex, (state whether male or female)* Male

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* 25th October 1883

4. *Place of Birth, (Street and Number)* 36 Odonnell street

5. *Full Name of Mother,* Marys Reagans

6. *Mother's Maiden Name,* Marys Berrys

7. *Mother's Birthplace,* Baltimore Co Md

8. *Full Name of Father,* James REagans

9. *Father's Occupation,* Laborer

10. *Father's Birthplace,* Baltimore Co Md

Name of Medical Attendant, or other Person who makes this Return. Mrs Sarah Sullens

Address, 104 Curleys street (canton)

Remarks,

HEALTH DEPARTMENT NOV 2 1885 BALTIMORE MD

Co., City Printers and Stationers.

RETURN OF A BIRTH

82752

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Report is duly to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4 th
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Oct 25th 1885
4. *Place of Birth, (Street and Number)*	217 Boston street
5. *Full Name of Mother,*	Dora Reuter
6. *Mother's Maiden Name,*	Dora Miller
7. *Mother's Birthplace,*	Baltimore County
8. *Full Name of Father,*	Casper Reuter
9. *Father's Occupation,*	Hardware dealer
10. *Father's Birthplace,*	Baltimore Co.
Name of Medical Attendant, or other Person who makes this Return.	Mrs Sarah Sullens
Address,	104 Curley street
Remarks,	

HEALTH DEPARTMENT NOV 2 1885 BALTIMORE MD.

Co., City Printers and Stationers.

82753

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Third

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth October 25 1885
4. Place of Birth, (Street and Number) 457 Lexington st
5. Full Name of Mother, Mary A Stockdon
6. Mother's Maiden Name, McBoy
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Jas S Stockdon
9. Father's Occupation, Shiping Clerk
10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other Person who makes this Return. Mary A Allwell

Address, 286 Mt Donogh st

Remarks,

HEALTH DEPARTMENT NOV 2 1885 BALTIMORE MD

Co., City Printers and Stationers.

82754

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Octr. 25th 1885.
4. *Place of Birth, (Street and Number)*	477 Pen. Ave.
5. *Full Name of Mother,*	Effie A. McDermot
6. *Mother's Maiden Name,*	Brown
7. *Mother's Birthplace,*	Balto. City
8. *Full Name of Father,*	Jas. Fleming McDermot
9. *Father's Occupation,*	Builder
10. *Father's Birthplace,*	Wheeling W. Va.
Name of Medical Attendant, or other Person who makes this Return	J. H. Chrisdon M.D.
Address,	506 Mad. Ave.
Remarks,	

HEALTH DEPARTMENT NOV 1 1885 BALTIMORE MD

...NTERS AND STATIONERS.

82755

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
OCT 28 1885
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1th

1. *Sex, (state whether male or female)* male.
2. *Race or Color, (if not of the white race)* white.
3. *Date of Birth,* 25th of Octob. 85.
4. *Place of Birth, (Street and Number)* 4 Serejan Street.
5. *Full Name of Mother,* Magg. Reckelien.
6. *Mother's Maiden Name,* " Schönhof
7. *Mother's Birthplace,* Balto. Md.
8. *Full Name of Father,* George Reckelien.
9. *Father's Occupation,* Driver
10. *Father's Birthplace,* Balto. Md.

Name of Medical Attendant, or other Person who makes this Return. Mr. A. Merenzehl.

Address, 404 Penna. Aven.

Remarks,

...., City Printers and Stationers.

NOTICE

The succeeding document was received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

RETURN OF A BIRTH

82756

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, OCT 29 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, 25 of Oct

4. Place of Birth, (Street and Number) 46 Secretary St.

5. Full Name of Mother, Ida Bordley

6. Mother's Maiden Name, Johnson

7. Mother's Birthplace, Baltimore

8. Full Name of Father, William Bordley

9. Father's Occupation, Lab'r mak'r

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return, Mary Walters

Address, 45 N Caroline St. Balto

Remarks,

City Printers and Stationers.

82757

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT, OCT 27 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First Child.

1. Sex (state whether male or female) Male.
2. Race or Color, (if not of the white race) White.
3. Date of Birth, Sunday October 25, 1885.
4. Place of Birth, (Street and Number) 209 Park Ave.
5. Full Name of Mother, Ellen Murphy.
6. Mother's Maiden Name, ——
7. Mother's Birthplace, Pennsylvania
8. Full Name of Father, Thomas Murphy.
9. Father's Occupation, Laborer.
10. Father's Birthplace, Pennsylvania.

Name of Medical Attendant, or other Person who makes this Return L. DeL. Gorgas M.D.

Address, 268½ W. Fayette St.

Remarks,

PRINTERS AND STATIONERS

RETURN OF A BIRTH

82758

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth, Oct 26/85

4. Place of Birth, (Street and Number) 65 McKim St

5. Full Name of Mother, Mary A. Mulligan

6. Mother's Maiden Name, " " Grogan

7. Mother's Birthplace, Balto.

8. Full Name of Father, John Mulligan

9. Father's Occupation, Laborer

10. Father's Birthplace, Balto.

Name of Medical Attendant, or other Person who makes this Return. Edward J. Waddell

Address, 57 Aisquith St

Remarks,

HEALTH DEPARTMENT NOV 1 1885 BALTIMORE

City Printers and Stationers.

RETURN OF A BIRTH

82759

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
NOV 2 1885
BALTIMORE MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6 Child

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth, Oct 26 — 1885

4. Place of Birth, (Street and Number) 193½ Charles st.

5. Full Name of Mother, Minnie Otte

6. Mother's Maiden Name, Kaiser

7. Mother's Birthplace, Germany

8. Full Name of Father, Ferdinant Otte

9. Father's Occupation, Laborer

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return. J. Lohrasser Midwife

Address, 330 Hanover st.

Remarks,

City Printers and Stationers.

RETURN OF A BIRTH,

83760

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
NOV 2 1885
BALTIMORE MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth Oct 26th
4. Place of Birth, (Street and Number) No 85 Hamstead Street.
5. Full Name of Mother Susan Tarney
6. Mother's Maiden Name Susan Tarney
7. Mother's Birthplace Dorchester county md
8. Full Name of Father John Linnick
9. Father's Occupation Laborer
10. Father's Birthplace St Mary County

Name of Medical Attendant, or other Person who makes this Return. Harriet Briton

Address No 140 Mulligan Street

Remarks

82-761

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
NOV 2 1885
BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3d

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth Oct 26th 1885
4. Place of Birth, (Street and Number) No 13 Fountain st
5. Full Name of Mother, Rosa Stubes
6. Mother's Maiden Name, " Reis
7. Mother's Birthplace, Germany
8. Full Name of Father, Fritz Stube
9. Father's Occupation, Driver
10. Father's Birthplace, Germany
11. Name of Medical Attendant, or other Person who makes this Return. Mrs Elizabeth Belz
    Address, 120 Bank st.
    Remarks,

for each offence to be recovered as other fines and forfeitures are recoverable.

Co., City Printers and Stationers.

82762

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
NOV 2 1885
BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth Oct 26th 1885

4. Place of Birth, (Street and Number) 192 Alice Anna st

5. Full Name of Mother, Mathilda Kraus

6. Mother's Maiden Name, " Lautenberg

7. Mother's Birthplace, City

8. Full Name of Father, Theodor Kraus

9. Father's Occupation, Laborer

10. Father's Birthplace, City

Name of Medical Attendant, or other Person who makes this Return. Mrs Elizabeth Betz

Address, 120 Bank st

Remarks,

For each offence to be recovered as other fines and forfeitures are recoverable.

A. Co., City Printers and Stationers.

82763

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 16 child

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Oct. 26th 1885
4. Place of Birth, (Street and Number) 158 canton av
5. Full Name of Mother, Elizebeth Martine
6. Mother's Maiden Name, Zimmerin
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Albert Martine
9. Father's Occupation, Labor
10. Father's Birthplace, Germaney

Name of Medical Attendant, or other Person who makes this Return. Mrs Wiley

Address, No 18 Patterson Park av

Remarks,

HEALTH DEPARTMENT, NOV 2 1885 BALTIMORE, MD.

for each offence to be recovered as other fines and forfeitures are recoverable.

o., City Printers and Stationers.

NOTICE

The succeeding document was received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

82764

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, NOV 1 1885 BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Sixth

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* Oct 26th 1885
4. *Place of Birth, (Street and Number)* # 54 Hamburg St
5. *Full Name of Mother,* Virginia Caskey
6. *Mother's Maiden Name,* Virginia Newshaw.
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Joseph Caskey
9. *Father's Occupation,* Carpenter
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs M. A. Cottrell

Address, # 98 Cross St.

Remarks,

or persons who shall hereafter fail to comply with the provisions of this ... for each offence to be recovered as other fines and forfeitures are recoverable.

y & Co., City Printers and Stationers.

82765

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, OCT 30 1885 BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth October 26th
4. Place of Birth, (Street and Number) No. 57 Central ave
5. Full Name of Mother, Anna Hänzler
6. Mother's Maiden Name, " ~~Bur~~ Bürkemeier
7. Mother's Birthplace, Balto.
8. Full Name of Father, Jacob Hanszler
9. Father's Occupation, Labor work
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other Person who makes this Return. Sophia Seems

Address, No. 70 Granby st

Remarks,

...o., City Printers and Stationers.

RETURN OF A BIRTH

82766

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
OCT 30 1885
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st Child

1. Sex, (state whether male or female) Girl

2. Race or Color, (if not of the white race) White race

3. Date of Birth, Born 26th October 1885

4. Place of Birth, (Street and Number) No 16 Galveston Ave Baltimore

5. Full Name of Mother, Mrs. Reeder

6. Mother's Maiden Name, Miss Lucinda Bain

7. Mother's Birthplace, Born in Baltimore

8. Full Name of Father, Mr. Reeder

9. Father's Occupation, Live Stock Dealers

10. Father's Birthplace, Born Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs Zeller

Address, 1017 west Pratt st city

Remarks,

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

Co., City Printers and Stationers.

RETURN OF A BIRTH

82767

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
OCT 31 1885
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 th child

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) White
3. Date of Birth, october 26 1885
4. Place of Birth, (Street and Number) No 76 hamburg st
5. Full Name of Mother, Emma Litline
6. Mother's Maiden Name, Emma More
7. Mother's Birthplace, Baltimore
8. Full Name of Father, George Litline
9. Father's Occupation, Mashenist
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Mary E Anderson

Address, No 10 Abys Street

Remarks,

PRINTERS AND STATIONERS

RETURN OF A BIRTH.

82768

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth October 26th 1885
4. Place of Birth, (Street and Number) No 344 Hanover st
5. Full Name of Mother, Mary Bass
6. Mother's Maiden Name, Mary Goldburg
7. Mother's Birthplace, St Mary County
8. Full Name of Father, John Bass
9. Father's Occupation, Laborer
10. Father's Birthplace, Portsmouth W Virginia
11. Name of Medical Attendant, or other Person who makes this Return. Catherine Hornung

Address, No 18 Byrd st

Remarks,

HEALTH DEPARTMENT
OCT 31 1885
BALTIMORE, MD.

for each offence to be recovered as other fines and forfeitures are recoverable.

& Co., City Printers and Stationers.

RETURN OF A BIRTH

82769

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, October 26th 1865

4. Place of Birth, (Street and Number) Essex bet

5. Full Name of Mother, Mrs Rosie Glasser

6. Mother's Maiden Name, Rosie Kemp

7. Mother's Birthplace, Baltimore City

8. Full Name of Father, Jacob Glasser

9. Father's Occupation, Laborer

10. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other Person who makes this Return. Mrs R. A. Garrett

Address, 465 Bond St.

Remarks,

HEALTH DEPARTMENT, OCT 27 1865 BALTIMORE

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

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82770

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Sixth

1. *Sex, (state whether male or female)* [illegible]
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* ~~October~~ 26th 1885
4. *Place of Birth, (Street and Number)* 62 Essex Street
5. *Full Name of Mother,* Mrs. Hannah Lightner
6. *Mother's Maiden Name,* Hannah Miller
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Frank Lightner
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs R. H. Garrett

Address, No 65 Burke St

Remarks,

HEALTH DEPARTMENT, NOV 27 1885 BALTIMORE, MD.

[illegible] report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

& Co., City Printers and Stationers.

82771

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5th Child.

1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race) White.
3. Date of Birth Oct 26 1885.
4. Place of Birth, (Street and Number) S. E. Cor Pratt & High Sts.
5. Full Name of Mother, Mary P. Geiger.
6. Mother's Maiden Name, Mary P. Logsdon.
7. Mother's Birthplace, Baltimore.
8. Full Name of Father, Jno. W. Geiger.
9. Father's Occupation, Pharmaceutist.
10. Father's Birthplace, Baltimore.

Name of Medical Attendant, or other Person who makes this Return. Jno. T. Powell M.D.

Address, 98 St. Paul St. Baltimore.

Remarks, Child Healthy

HEALTH DEPARTMENT OCT 27 1885 BALTIMORE MD

for each offence to be recovered as other fines and forfeitures are recoverable.

& Co., City Printers and Stationers.

RETURN OF A BIRTH.

82772

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Balto Oct 28th 1885.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) White.
3. Date of Birth Balto Oct 26th 1885.
4. Place of Birth, (Street and Number) 185 S. E. cor. Bank & Chapple Sts.
5. Full Name of Mother, Annie Barlow.
6. Mother's Maiden Name, Annie Kilian.
7. Mother's Birthplace, America.
8. Full Name of Father, John Barlow.
9. Father's Occupation, Laborer.
10. Father's Birthplace, America.

Name of Medical Attendant, or other Person who makes this Return. Mrs. Mary Amend.

Address, 137 South Wolfe St

Remarks, 19

HEALTH DEPARTMENT, OCT 28 1885 BALTIMORE, MD.

for each offence to be recovered as other fines and forfeitures are recoverable.

& Co., City Printers and Stationers.

RETURN OF A BIRTH.

8273

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, OCT 29 1885 BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth 26 of October 1885
4. Place of Birth, (Street and Number) 275 Dallas Street
5. Full Name of Mother, Mary Zimmer
6. Mother's Maiden Name, Mary Hinglman
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Georg Zimmer
9. Father's Occupation, Tailor
10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs Christina Sauer

Address, 173 Harford Ave

Remarks, 1885.

for each offence to be recovered as other fines and forfeitures are recoverable.

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82774

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, OCT 30 1885 BALTIMORE, MD

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3d

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth* October 26th 1885
4. *Place of Birth, (Street and Number)* 166 West St Balti
5. *Full Name of Mother,* Mary C Foster
6. *Mother's Maiden Name,* Mary C Chew
7. *Mother's Birthplace,* Balti
8. *Full Name of Father,* George C Foster
9. *Father's Occupation,* Cook
10. *Father's Birthplace,* Mobile Alabama

Name of Medical Attendant, or other Person who makes this Return. Millie Gross

Address, No 181 York St

Remarks,

... be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

...urphy & Co., City Printers and Stationers.

RETURN OF A BIRTH.

82770

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
OCT 30 1885
BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) Colard

3. Date of Birth October 26 1885

4. Place of Birth, (Street and Number) Bay Baltimore 234 Hugo

5. Full Name of Mother, Mary E Miller

6. Mother's Maiden Name, Mary Elen Baron

7. Mother's Birthplace, Baltimore M. D.

8. Full Name of Father, John J Miller

9. Father's Occupation, Water

10. Father's Birthplace, Cambridge Maryland

Name of Medical Attendant, or other Person who makes this Return. Millie grace

Address, 181 yorke Strat

Remarks,

for each offence to be recovered as other fines and forfeitures are recoverable.

& Co., City Printers and Stationers.

NOTICE

The succeeding documents were received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

82776

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, OCT 27 1885 BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* Oct. 26/85
4. *Place of Birth, (Street and Number)* No 38 Gough St.
5. *Full Name of Mother,* Annie Wolf
6. *Mother's Maiden Name,* " Lenhart
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* John Wolf
9. *Father's Occupation,* Shoe maker
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return. Sophia Simon

Address, No 70 Granby St.

Remarks,

for each offence to be recovered as other fines and forfeitures are recoverable.

& Co., City Printers and Stationers.

82777

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

October 27 1885

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) white
3. Date of Birth October 27
4. Place of Birth, (Street and Number) Charles St No 543
5. Full Name of Mother, Laura Ritcha
6. Mother's Maiden Name, Laura Richards
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Henry Ritcha
9. Father's Occupation, Cabinet Maker
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs M B Lasky

Address, Heath St No 16

Remarks, Doing well

...be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

...rphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

82778

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth, 27 Oct 1885

4. Place of Birth, (Street and Number) No 62 Fort Ave

5. Full Name of Mother, Amelia Elizabeth Buckheit

6. Mother's Maiden Name, Holtzer

7. Mother's Birthplace, Near Perry Baltimore Co

8. Full Name of Father, Peter Buckheit

9. Father's Occupation, Laborer

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. Elizabeth Yewell

Address, 58 Fort Ave

Remarks,

HEALTH DEPARTMENT NOV 3 1885 BALTIMORE

...ty Printers and Stationers.

82779

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 4 1885 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fifth

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Oct. 27th 85
4. *Place of Birth, (Street and Number)* 345 Ramsay st
5. *Full Name of Mother,* Ella Nickolson
6. *Mother's Maiden Name,* " Ridgway
7. *Mother's Birthplace,* Philadelphia, Pa.
8. *Full Name of Father,* John R. Nickolson
9. *Father's Occupation,* Laborer at Russells brickyard
10. *Father's Birthplace,* Balto. city Md

Name of Medical Attendant, or other Person who makes this Return M. J. Leman

Address, No. 50. S. Carrollton ave

Remarks, Healthy child (not named)

8

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RETURN OF A BIRTH

83x780

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	7
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	October 27
4. *Place of Birth, (Street and Number)*	Pennsylvania Alley No 16
5. *Full Name of Mother,*	Mary Dick
6. *Mother's Maiden Name,*	Mary Langenlayn
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	John Dick
9. *Father's Occupation,*	Cabinet maker
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other Person who makes this Return.	Mrs S Fellus
Address,	No 797 Bath St
Remarks,	

HEALTH DEPART
NOV 2 1886
BALTIMORE

for each offence to be recovered as other fines and forfeitures are recoverable.

City Printers and Stationers.

RETURN OF A BIRTH

87781

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT NOV 2 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 Child

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth, Oct 27 1885.

4. Place of Birth, (Street and Number) 164 Charles st.

5. Full Name of Mother, Katie Bergen.

6. Mother's Maiden Name, Whorle

7. Mother's Birthplace, America.

8. Full Name of Father, Ben Bergen.

9. Father's Occupation, Clerk

10. Father's Birthplace, America.

Name of Medical Attendant, or other Person who makes this Return. J. Lohwasser. Midwife

Address, 330 Hanover st.

Remarks,

for each offence to be recovered as other fines and forfeitures are recoverable.

, City Printers and Stationers.

RETURN OF A BIRTH,

83782

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
NOV 2 1885
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) one

1. Sex (state whether male or female) Male
2. Race or Color, (if not of the white race) Color
3. Date of Birth 27 October
4. Place of Birth, (Street and Number) 275 forrest Street
5. Full Name of Mother Laura E Jones
6. Mother's Maiden Name Laura E Jones
7. Mother's Birthplace Wycomico Co
8. Full Name of Father Joshua Jones
9. Father's Occupation Porter
10. Father's Birthplace Balto City

Name of Medical Attendant, or other Person who makes this Return. ann Camphor

Address 9 union street near eden

Remarks

82783

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) fifth James

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White and democrat
3. *Date of Birth,* October 27 Just in time to vote for the Hoffman
4. *Place of Birth, (Street and Number)* 71 North Pine St
5. *Full Name of Mother,* Mary O'Brien
6. *Mother's Maiden Name,* Mary Fahey
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Michael O'Brien
9. *Father's Occupation,* Store Keeper
10. *Father's Birthplace,* Ireland

Name of Medical Attendant, or other Person who makes this Return. Mrs Hunter

Address, 71 North Pine St

Remarks, 21 No Poppelton St

HEALTH DEPARTMENT NOV 2 1903 BALTIMORE MD

Certificate between the first and third day of each and every month, or the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be [illegible]red as other fines and forfeitures are recoverable.

rphy & Co., City Printers and Stationers.

82784

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, NOV 2 1885 BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5 Oct the 29. 185.

1. Sex, (state whether male or female) Male "
2. Race or Color, (if not of the white race) White "
3. Date of Birth Oct the 27. 185.
4. Place of Birth, (Street and Number) Columbia ave No. 93.
5. Full Name of Mother, Maggie " Bond "
6. Mother's Maiden Name, Maggie " Weber "
7. Mother's Birthplace, Germany "
8. Full Name of Father, Thomas " Bond "
9. Father's Occupation, Coach: Smith "
10. Father's Birthplace, Battimore, Md "

Name of Medical Attendant, or other Person who makes this Return. Madam " Seabach "

Address, 439 W Pratt stud Pratt St near Freemont "

Remarks,

for each offence to be recovered as other fines and forfeitures are recoverable.

& Co., City Printers and Stationers.

OTHER NAME ADDED 6-14-50

82785

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT NOV 2 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 Child

1. Sex, (state whether male or female) Male Joseph Foster Rowe
2. Race or Color, (if not of the white race) White
3. Date of Birth, Oct. 27th 1885
4. Place of Birth, (Street and Number) 344 Alanser St
5. Full Name of Mother, Alice Rowe
6. Mother's Maiden Name, Warsham
7. Mother's Birthplace, Pensilvania Sow Creal
8. Full Name of Father, Edward E Rowe
9. Father's Occupation, Cannmake
10. Father's Birthplace, Eastern Shore

Name of Medical Attendant, or other Person who makes this Return. Mrs Wiley

Address, No 12 Patterson Park av

Remarks,

for each offence to be recovered as other fines and forfeitures are recoverable.

..., City Printers and Stationers.

82786

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, NOV 2 1885 BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth Oct. 27th 1885
4. Place of Birth, (Street and Number) 31 S Ann st
5. Full Name of Mother, Mary Steinle
6. Mother's Maiden Name, " Smith
7. Mother's Birthplace, City
8. Full Name of Father, John Steinle
9. Father's Occupation, Barkeeper
10. Father's Birthplace, City

Name of Medical Attendant, or other Person who makes this Return. Mrs Elizabeth Betz

Address, 120 Bank st

Remarks,

Report its birth to the Commissioner of Health, in the manner of this section, shall be subjected to the fine of ten (10) dollars or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH

82787

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth, 27 October

4. Place of Birth, (Street and Number) 14 little Front

5. Full Name of Mother, Louise Andony

6. Mother's Maiden Name, Fondaro

7. Mother's Birthplace, Italy

8. Full Name of Father, Silas Andony

9. Father's Occupation, Fruit merchant

10. Father's Birthplace, Italy

Name of Medical Attendant, or other Person who makes this Return. Sarah C Esper

Address, 72. E. Lombard

Remarks,

HEALTH DEPARTMENT
NOV 2 1885
BALTIMORE, MD.

City Printers and Stationers.

RETURN OF A BIRTH

82788

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
NOV 2 1885
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, 27 October
4. Place of Birth, (Street and Number) 31 Jackson
5. Full Name of Mother, Mary Weber
6. Mother's Maiden Name, Engel
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Charles Weber
9. Father's Occupation, Cigarmaker
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. Sarah Casper

Address, 72. E. Lombard

Remarks,

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH 82789

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9th Child.

1. Sex, (state whether male or female) Boy.
2. Race or Color, (if not of the white race) White
3. Date of Birth, 27th of October 1885
4. Place of Birth, (Street and Number) No 4 corner Pratt and Wolf.
5. Full Name of Mother, Tillie Rosenberger.
6. Mother's Maiden Name, Tillie Henkersmiller
7. Mother's Birthplace, Germany
8. Full Name of Father, August Henkersmiller
9. Father's Occupation, Paper hanger.
10. Father's Birthplace, Germany.

Name of Medical Attendant, or other Person who makes this Return. Crescintia Kunkel

Address, 71 North Chapel street per Justina Kunkel.

Remarks, Healthy.

HEALTH DEPARTMENT, OCT 30 1885 BALTIMORE MD.

or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to the same penalties for each offence to be recovered as other fines and forfeitures are recoverable.

Co., City Printers and Stationers.

RETURN OF A BIRTH 82790

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
OCT 31 1885
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Seckond
1. *Sex, (state whether male or female)*	femal
2. *Race or Color, (if not of the white race)*	white race
3. *Date of Birth,*	27 Oct
4. *Place of Birth, (Street and Number)*	176 dover Street
5. *Full Name of Mother,*	Bridget Lenord
6. *Mother's Maiden Name,*	Bridget Smyth
7. *Mother's Birthplace,*	Birthplace Ierland
8. *Full Name of Father,*	Samuel Lenord
9. *Father's Occupation,*	Labourer
10. *Father's Birthplace,*	Birthplace Ierland
Name of Medical Attendant, or other Person who makes this Return	Ann Thornton
Address,	249 Battery ave South Baltimore
Remarks,	

CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

82791

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
OCT 31 1885
BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 9th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth October 27th 1883
4. Place of Birth, (Street and Number) No 27 Montrose Street
5. Full Name of Mother, Lucinda Meginney
6. Mother's Maiden Name, " Arrington
7. Mother's Birthplace, Queen Anne County, Maryland
8. Full Name of Father, Samuel A. Meginney
9. Father's Occupation, Looking for Employment
10. Father's Birthplace, Talbot County, Maryland

Name of Medical Attendant, or other Person who makes this Return. Mrs. Anna Laidman

Address, 45 Monroe Street

Remarks,

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

by A. Co., City Printers and Stationers.

RETURN OF A BIRTH. 82792

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth October 27th 1885
4. Place of Birth, (Street and Number) No 118 Cross st
5. Full Name of Mother, Elizabeth Welch
6. Mother's Maiden Name, Elizabeth Brandt
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Patrick Welch
9. Father's Occupation, Laborer
10. Father's Birthplace, Baltimore
- Name of Medical Attendant, or other Person who makes this Return. Catherine Hornung
- Address, No 18 Byrd st
- Remarks,

HEALTH DEPARTMENT OCT 31 1885 BALTIMORE MD

for each offence to be recovered as other fines and forfeitures are recoverable.

& Co., City Printers and Stationers.

82793

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, OCT 31 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Oct 27th 1885
4. *Place of Birth, (Street and Number)* 31 Stiles St
5. *Full Name of Mother,* Elizabeth M Hemold
6. *Mother's Maiden Name,* " " Luke
7. *Mother's Birthplace,* Philadelphia
8. *Full Name of Father,* Anton Hemold
9. *Father's Occupation,* Carpenter
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return, Theodore Coke M & D

Address, 146 Hanover St

Remarks,

for each offence to be recovered as other fines and forfeitures are recoverable.

..., City Printers and Stationers.

RETURN OF A BIRTH.

82794

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT, OCT 29 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Second
1. Sex (state whether male or female)	Female
2. Race or Color (if not of the white race)	Colored
3. Date of Birth	October 27
4. Place of Birth (Street and Number)	69 Leadenhall Street
5. Full Name of Mother	Mary Smithers
6. Mother's Maiden Name	Mary Maynard
7. Mother's Birthplace	Calvert Co.
8. Full Name of Father	Elisha Smithers
9. Father's Occupation	Seaman
10. Father's Birthplace	Calvert Co.
Name of Medical Attendant, or other Person who makes this Return.	Fannie Granby
Address	67 Leadenhall St
Remarks	doing well.

RETURN OF A BIRTH

82795

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
OCT 29 1885
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Oct 27th 1885
4. *Place of Birth, (Street and Number)*	413 N. Gilmor st
5. *Full Name of Mother,*	Mary R. Fardwell
6. *Mother's Maiden Name,*	" " McLaughlin
7. *Mother's Birthplace,*	B. Co.
8. *Full Name of Father,*	Wm R. Fardwell
9. *Father's Occupation,*	Plumber
10. *Father's Birthplace,*	B. C.
Name of Medical Attendant, or other Person who makes this Return	J. Harvey Hill M.D.
Address,	127 Arlington Ave
Remarks,	

LAMY & CO., CITY PRINTERS AND STATIONERS

NOTICE

The succeeding document was received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

82796

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 8 October th 28 1885

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* October th 28
4. *Place of Birth, (Street and Number)* South Charles St No
5. *Full Name of Mother,* Emley Easten
6. *Mother's Maiden Name,* Emley Hyson
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Henry Easten
9. *Father's Occupation,* Brick Maken
10. *Father's Birthplace,* Baltimore
11. *Name of Medical Attendant,* or other Person who makes this Return. Mrs M R Caskey

Address, Heath St No 16

Remarks, Doing well

HEALTH DEPARTMENT NOV 4 1885 BALTIMORE CITY

or persons who shall hereafter fail to comply with the provisions of this Return for each offence to be recovered as other fines and forfeitures are recoverable.

y & Co., City Printers and Stationers.

RETURN OF A BIRTH

82797

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, NOV 5 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Oct 28, 1885

4. Place of Birth, (Street and Number) Cuba St No 7

5. Full Name of Mother, Mary Ann Shanley

6. Mother's Maiden Name, Mary Ann Joyce

7. Mother's Birthplace, Balt

8. Full Name of Father, Thomas Shanley

9. Father's Occupation, Boatman

10. Father's Birthplace, New Haven

Name of Medical Attendant, or other Person who makes this Return. Mrs Ettel

Address, No 13 Cuba St

Remarks,

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

& Co., City Printers and Stationers.

RETURN OF A BIRTH

82778

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

1. No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd.
2. Sex, (state whether male or female)	~~Boy~~ Girl
3. Race or Color, (if not of the white race)	White
4. Date of Birth,	Wednesday Oct 1
5. Place of Birth, (Street and Number)	80 Hillen st
6. Full Name of Mother,	Teresa Diffley Croghan
7. Mother's Maiden Name,	Teresa Diffley
8. Mother's Birthplace,	Balto. Md.
9. Full Name of Father,	Thomas Croghan
10. Father's Occupation,	Saloon keeper
11. Father's Birthplace,	Ireland
Name of Medical Attendant, or other Person who makes this Return	Wilmer Brinton M.D.
Address,	Chas St & Fremont Place
Remarks,	

HEALTH DEPARTMENT NOV 5 1885 BALTIMORE MD.

...NTERS AND STATIONERS

RETURN OF A BIRTH

82799

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, NOV 5 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7 birth

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* 28 Oktober
4. *Place of Birth, (Street and Number)* Ann Str. No 198
5. *Full Name of Mother,* Anna Rittebusch
6. *Mother's Maiden Name,* Lehr
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Konrad Ritterbusch
9. *Father's Occupation,*
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Address, Mot Maurer

Remarks, Market Space No 15

be in attendance upon the mother, immediately thereafter it shall be, and the duty of the person or parent, or such person report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

$3800

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
NOV 3 1885
BALTIMORE MD

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6 th child

1. *Sex*, (state whether male or female) Female
2. *Race or Color*, (if not of the white race) Colored Race
3. *Date of Birth* Oct 28 1885
4. *Place of Birth*, (Street and Number) 17 Shuter St
5. *Full Name of Mother*,
6. *Mother's Maiden Name*, Sarah Margret [illegible]
7. *Mother's Birthplace*, Easton Md
8. *Full Name of Father*,
9. *Father's Occupation*,
10. *Father's Birthplace*,

Name of Medical Attendant, or other Person who makes this Return. Lucinda Mitchell

Address, 130 Register St

Remarks,

or persons who shall hereafter fail to comply with the provisions of this section shall forfeit and pay for each offence to be recovered as other fines and forfeitures are recoverable.

& Co., City Printers and Stationers.

82801

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Wednesday Oct 24/85

1. Sex, (state whether male or female) Male Child

2. Race or Color, (if not of the white race) White

3. Date of Birth, Oct 24

4. Place of Birth, (Street and Number) Church St No 2

5. Full Name of Mother, Eudora Bailey

6. Mother's Maiden Name, Eudora Deaford

7. Mother's Birthplace, Richmond Co Va

8. Full Name of Father, William H Bailey

9. Father's Occupation, Coiner

10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other Person who makes this Return A Bosien

Address, Sharp & Hil 255

Remarks,

HEALTH DEPARTMENT NOV 4 1885 BALTIMORE MD

TY PRINTERS AND STATIONERS.

82802

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT NOV 4 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* white race
3. *Date of Birth,* october the 28th
4. *Place of Birth, (Street and Number)* patapco st No 13
5. *Full Name of Mother,* Elizabeth Hubert
6. *Mother's Maiden Name,* Lewis
7. *Mother's Birthplace,* Dorchester Co Md
8. *Full Name of Father,* Leven Hubbert
9. *Father's Occupation,* labour
10. *Father's Birthplace,* Dorchester Co Md

Name of Medical Attendant, or other Person who makes this Return. Elizabeth Hathorn

Address, light st No 532

Remarks,

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

Co., City Printers and Stationers.

RETURN OF A BIRTH

82803

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
NOV 2 1885
BALTIMORE MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, October 4th 1885
4. Place of Birth, (Street and Number) Lemard st No 7
5. Full Name of Mother, Mary A Hurley
6. Mother's Maiden Name, Mary Murphy
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Michel Hurley
9. Father's Occupation, Labour
10. Father's Birthplace, Ireland

Name of Medical Attendant, or other Person who makes this Return. Mrs S Kelly

Address, No 792 Pratt st

Remarks,

For persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

Co., City Printers and Stationers.

828 04

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
NOV 2 1885
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1 Child
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	Oct 28 — 1885
4. *Place of Birth, (Street and Number)*	98 Scharp st.
5. *Full Name of Mother,*	Alvina ~~Koch~~ (Mathews)
6. *Mother's Maiden Name,*	Koch
7. *Mother's Birthplace,*	America
8. *Full Name of Father,*	Charles Mathews
9. *Father's Occupation,*	Wach-maker
10. *Father's Birthplace,*	America
Name of Medical Attendant, or other Person who makes this Return.	J. Schwasser. Midwife.
Address,	330 Hanover st.
Remarks,	

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the like penalties for each offence to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH,

82805

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
NOV 2 1885
BALTIMORE MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Fifth (5th)
1. *Sex (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth*	October 28/85
4. *Place of Birth, (Street and Number)*	No. 148 Myrtle Ave.
5. *Full Name of Mother*	Isabel France Hienmiller
6. *Mother's Maiden Name*	Hoffman
7. *Mother's Birthplace*	Baltimore, Md.
8. *Full Name of Father*	Henry Hienmiller
9. *Father's Occupation*	Carpenter
10. *Father's Birthplace*	Baltimore, Md.
Name of Medical Attendant, or other Person who makes this Return.	Louis W. Knight M.D.
Address	112 N. Greene
Remarks	

82806

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Second

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth October 28 1885

4. Place of Birth, (Street and Number) 222 N Wolfe St

5. Full Name of Mother, Laura V Bien

6. Mother's Maiden Name, Stein

7. Mother's Birthplace, Baltimore Md

8. Full Name of Father, Fred. W Bien

9. Father's Occupation, Bricklayer Contractor

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mary A Hillwell

Address, 286 N Donagh st

Remarks,

HEALTH DEPARTMENT NOV 2 1885 BALTIMORE MD

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

y & Co., City Printers and Stationers.

82807

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

Sex, (state whether male or female) Male

2. *Race or Color, (if not of the white race)* white

3. *Date of Birth,* October 28 1885

4. *Place of Birth, (Street and Number)* 1415 N. Stricker St

5. *Full Name of Mother,* Margaret Gessler

6. *Mother's Maiden Name,* " McGinnis

7. *Mother's Birthplace,* Balt City

8. *Full Name of Father,* William H. Gessler

9. *Father's Occupation,* Plumber

Father's Birthplace, Balt. City

Name of Medical Attendant, or other Person who makes this Return Marbury Brewer Md

Address, 68 McCulloh St

Remarks,

HEALTH DEPARTMENT NOV 2 1885 BALTIMORE, MD

within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

PRINTERS AND STATIONERS.

82808

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, OCT 30 1885 BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth Wednesday Oct. 28 1885
4. Place of Birth, (Street and Number) In 317 Linden Ave
5. Full Name of Mother, Bridget Stever
6. Mother's Maiden Name, —
7. Mother's Birthplace, Ireland
8. Full Name of Father, ~~Not known~~ Michael Ostler
9. Father's Occupation, Plasterer
10. Father's Birthplace, Ireland

Name of Medical Attendant, or other Person who makes this Return. Saml. T. Earle M. D.

Address, In 317 Linden Ave. Baltimore Md.

Remarks, Woman not married

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

y & Co., City Printers and Stationers.

82809

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11th. Child

1. Sex, (state whether male or female) Girl

2. Race or Color, (if not of the white race) White.

3. Date of Birth, 28th. of October 1885.

4. Place of Birth, (Street and Number) 78 North Chapel street.

5. Full Name of Mother, Frances Schäffer.

6. Mother's Maiden Name, Frances Kraus.

7. Mother's Birthplace, Germany.

8. Full Name of Father, Conrad Kraus.

9. Father's Occupation, Tailor.

10. Father's Birthplace, Germany.

Name of Medical Attendant, or other Person who makes this Return. Crescintia Kunkel.

Address, 71 North Chapel street per Justina Kunkel.

Remarks, Healthy.

HEALTH DEPARTMENT
OCT 30 1885
BALTIMORE MD.

Report of birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

& Co., City Printers and Stationers.

82810

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Twins 2 Males

2. Race or Color, (if not of the white race) White

3. Date of Birth October 28th 1885

4. Place of Birth, (Street and Number) No Number Fort Ave

5. Full Name of Mother, Trese Seifert

6. Mother's Maiden Name, Trese Zeltz

7. Mother's Birthplace, Germany

8. Full Name of Father, Karl Seifert

9. Father's Occupation, Laborer

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return. Catherine Flannery

Address, No 18 Byrd st

Remarks,

HEALTH DEPARTMENT
OCT 31 1885
BALTIMORE MD.

or person who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

y & Co., City Printers and Stationers.

82811

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Oct 28th 1885
4. *Place of Birth, (Street and Number)* 72 Reg St
5. *Full Name of Mother,* Alice V Willingham
6. *Mother's Maiden Name,* " " Alexander
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Winfield S Willingham
9. *Father's Occupation,* Plaster
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Theodore Cooke M.D.

Address, 146 Hanover St

Remarks,

HEALTH DEPARTMENT, OCT 31 1885 BALTIMORE, MD.

Co., City Printers and Stationers.

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

FIRST NAME ADDED 11-23-57 82812

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY

Ruth Margaret Shanamann

HEALTH DEPARTMENT, OCT 28 1885 BALTIMORE, MD.

No. of Child of Mother, ~~(state whether 1st, 2d, 3d, &c.)~~ Fourth

1. *Sex,* (~~state whether male or~~ *female*)
2. *Race or Color,* (~~if not of the~~ *white* ~~race~~)
3. *Date of Birth,* October, 28th/885, 40 minutes to 10 A.M.
4. *Place of Birth,* (*Street and Number*) 242 Franklin St
5. *Full Name of Mother,* Elizabeth Shanamann
6. *Mother's Maiden Name,* " Alexander
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* William Shanamann
9. *Father's Occupation,* China Packer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. A Fred Shertzer Md

Address, 882 Baltimore St

Remarks,

PRINTER & STATIONER, BALT.

82813

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT NOV 4 1886 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Oct 29
4. *Place of Birth, (Street and Number)* North Ave & Greenmont Av.
5. *Full Name of Mother,* Frances Harvey
6. *Mother's Maiden Name,* Rider
7. *Mother's Birthplace,* Ohio
8. *Full Name of Father,* H. D. Harvey
9. *Father's Occupation,* Canvasser
10. *Father's Birthplace,* Ohio

Name of Medical Attendant, or other Person who makes this Return. H M Wilson

Address, 251 Mad Ave.

Remarks,

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

& Co., City Printers and Stationers.

82814

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Oct 29th 1885
4. Place of Birth, (Street and Number) Locust Point
5. Full Name of Mother, Eliziberth Goldstaw
6. Mother's Maiden Name, Eliziberth Handley
7. Mother's Birthplace, England
8. Full Name of Father, William Handley
9. Father's Occupation, Potter
10. Father's Birthplace, England

Name of Medical Attendant, or other Person who makes this Return. Mrs Ettel

Address, No 13 Cuba St

Remarks,

HEALTH DEPARTMENT, NOV 5 1885 BALTIMORE, MD.

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

& Co., City Printers and Stationers.

82815

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* 29 oct
4. *Place of Birth, (Street and Number)* in the rear of ~~Chestnut~~ st
5. *Full Name of Mother,* Maria ~~Schester~~ Tyler
6. *Mother's Maiden Name,* " Schester
7. *Mother's Birthplace,* Richmond va
8. *Full Name of Father,* Robert Tyler
9. *Father's Occupation,* Labor
10. *Father's Birthplace,* Richmond va

Name of Medical Attendant, or other Person who makes this Return. Harriet Jackson

Address, 14 Duglass st

Remarks,

HEALTH DEPARTMENT, NOV 5 1885 BALTIMORE MD

Report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (19) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

, City Printers and Stationers.

RETURN OF A BIRTH

82816

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6 birth

1. *Sex, (state whether male or female)* male

2. *Race or Color, (if not of the white race)* white

3. *Date of Birth,* 29 October

4. *Place of Birth, (Street and Number)* Castle St 32

5. *Full Name of Mother,* Lisi Bande

6. *Mother's Maiden Name,* Giber

7. *Mother's Birthplace,* Baltimore

8. *Full Name of Father,* Joseph Bande

9. *Father's Occupation,*

10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Jno. Maurer

Address,

Remarks, Market Grace Mrs

HEALTH DEPARTMENT NOV 5 1885 BALTIMORE, MD.

RETURN OF A BIRTH.

82817

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
NOV 2 1885
BALTIMORE, MD

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	7th
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	White
3. Date of Birth	October 29th
4. Place of Birth, (Street and Number)	No 26 Barnet St. cor. Sharp
5. Full Name of Mother,	Anne Eliza Kunkel,
6. Mother's Maiden Name,	" " Gayford
7. Mother's Birthplace,	Birmingham England Eu.
8. Full Name of Father,	Frederick Kunkel
9. Father's Occupation,	Cabinet Maker Undertaker
10. Father's Birthplace	Baltimore Md
Name of Medical Attendant, or other Person who makes this Return.	Mrs C. Seebach
Address, 4 3 2 71	Pratt St cor Fremont
Remarks,	

Co., City Printers and Stationers.

82818

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, NOV 2 1885 BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Third

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth* 29th of October 1/4 past 6. p. M.
4. *Place of Birth, (Street and Number)* 65 Henrietta Str.
5. *Full Name of Mother,* Louise, Adolphine Zschiesche
6. *Mother's Maiden Name,* Louise Stein
7. *Mother's Birthplace,* Pittsburg Pa
8. *Full Name of Father,* Fried: Herrm. Robert Zschiesche
9. *Father's Occupation,* Paper Hanger
10. *Father's Birthplace,* Charlottenburg Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs Munch

Address, No 1 Leadenhall St.

Remarks,

report its birth to the Commissioner of Health, in the manner and within the period above required, and any [illegible] or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

...hy & Co., City Printers and Stationers.

RETURN OF A BIRTH

£3819

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Ninth

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, 29 Oct.

4. Place of Birth, (Street and Number) No 276 Chew St.

5. Full Name of Mother, Mary Fisher

6. Mother's Maiden Name, Tyler

7. Mother's Birthplace, Frederick Md

8. Full Name of Father, J. Chas. Fisher

9. Father's Occupation, Foreman

10. Father's Birthplace, Balt Md

Name of Medical Attendant, or other Person who makes this Return Mrs Louisa Schultz

Address, No 246 E Chew St

Remarks,

HEALTH DEPARTMENT, NOV 1 1885 BALTIMORE, MD.

BY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

82820

To the Office of Registrar of Vital Statistics, Board of Health, ~~Baltimore~~ City.

HEALTH DEPARTMENT
OCT 30 1885
BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* Oct 29th 1885
4. *Place of Birth, (Street and Number)* N. W. Cor. Spring & Georges
5. *Full Name of Mother,* Louisa Goldgreve
6. *Mother's Maiden Name,* Louisa Welch
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Fred. Goldgreve
9. *Father's Occupation,* Grocer & Provision dealer
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return. John Mowni

Address, No. 5 Franklin St.

Remarks,

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

phy & Co., City Printers and Stationers.

E 821

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
OCT 30 1885
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	October 29th 1885
4. *Place of Birth, (Street and Number)*	603 W. Fayette St.
5. *Full Name of Mother,*	Mary B. Tebbs
6. *Mother's Maiden Name,*	Mary B. Boteler
7. *Mother's Birthplace,*	Washington D.C.
8. *Full Name of Father,*	John J. Tebbs
9. *Father's Occupation,*	Salesman
10. *Father's Birthplace,*	City
Name of Medical Attendant, or other Person who makes this Return	Wm. N. B. Sellman M.D.
Address,	46 West Biddle St.
Remarks,	

within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

PRINTERS AND STATIONERS.

82822

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* 2 Males
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Oct 29th 1885
4. *Place of Birth, (Street and Number)* 179 Hughes St
5. *Full Name of Mother,* Annie M Long
6. *Mother's Maiden Name,* " " Upton
7. *Mother's Birthplace,* Kansas
8. *Full Name of Father,* Francis Wm Long
9. *Father's Occupation,* Bar Tender
10. *Father's Birthplace,* Ireland

Name of Medical Attendant, or other Person who makes this Return. Theodore Cooke M.D.

Address, 146 Hanover St

Remarks,

HEALTH DEPARTMENT, OCT 31 1885 BALTIMORE, MD.

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

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82823

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Oct 29th 1885

4. Place of Birth, (Street and Number) Light St Bridge

5. Full Name of Mother, Kate E. Burnap

6. Mother's Maiden Name, " " Lowry

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Jas E Burnap

9. Father's Occupation, Engineer

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. Theodore Cook M.D.

Address, 46 Hanover St

Remarks,

HEALTH DEPARTMENT OCT 31 1885

Co., City Printers and Stationers.

82824

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, OCT 30 1885 BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1 childe

1. *Sex, (state whether male or female)* female childe
2. *Race or Color, (if not of the white race)* color
3. *Date of Birth* the 29 of October
4. *Place of Birth, (Street and Number)* 179. yark street
5. *Full Name of Mother,* Juley and crobey
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* for jinger country
8. *Full Name of Father,*
9. *Father's Occupation,*
10. *Father's Birthplace,*

Name of Medical Attendant, or other Person who makes this Return. Milley Gross

Address, 181. yark. street

Remarks,

...report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

...phy & Co., City Printers and Stationers,

RETURN OF A BIRTH

83835

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
NOV 4 1895
BALTIMORE MD

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10

1. *Sex, (state whether male or female)* female

2. *Race or Color, (if not of the white race)* Colored

3. *Date of Birth,* Oct 30 1895

4. *Place of Birth, (Street and Number)* 72 Grand alley

5. *Full Name of Mother,* Alice Smith

6. *Mother's Maiden Name,* Mace Posey

7. *Mother's Birthplace,* Baltimore County

8. *Full Name of Father,* nathan Smith

9. *Father's Occupation,* Cook

10. *Father's Birthplace,* St Marys County

Name of Medical Attendant, or other Person who made this Return Mrs Charity Jones

Address, 79 Grand alley

Remarks,

...NY & CO., CITY PRINTERS AND STATIONERS

82826

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Oct 30 1883
4. *Place of Birth, (Street and Number)* 188 Aisquith St
5. *Full Name of Mother,* Hanna Hecht
6. *Mother's Maiden Name,* " John
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Henry S. Hecht
9. *Father's Occupation,* Drummer (Salesman)
10. *Father's Birthplace,* Balto.

Name of Medical Attendant, or other Person who makes this Return. Edward P. McDevitt

Address, 54 Aisquith St

Remarks,

HEALTH DEPARTMENT NOV 4 1883

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

& Co., City Printers and Stationers.

82827

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st.
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Th Friday Oct 30 1885
4. *Place of Birth, (Street and Number)*	34 Neighbor St
5. *Full Name of Mother,*	Kate Tully
6. *Mother's Maiden Name,*	" Kehoe
7. *Mother's Birthplace,*	Balto. Md
8. *Full Name of Father,*	John Tully
9. *Father's Occupation,*	Brass Finisher
10. *Father's Birthplace,*	Ireland.
Name of Medical Attendant, or other Person who makes this Return.	Wilmer Brinton M.D.
Address,	Chase St. & Forrest Place
Remarks,	

HEALTH DEPARTMENT
NOV 5 1885
BALTIMORE, MD.

Report the birth in the Central Office of Health, in the manner and [illegible] or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

& Co., City Printers and Stationers.

RETURN OF A BIRTH

82828

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, NOV 5 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Oct 30. 1885
4. Place of Birth, (Street and Number) Nickelson St
5. Full Name of Mother, Julie Feeney
6. Mother's Maiden Name, Julie Hahn
7. Mother's Birthplace, Ireland
8. Full Name of Father, Maulike Feeney
9. Father's Occupation, Labor
10. Father's Birthplace, Ireland

Name of Medical Attendant, or other Person who makes this Return. Mrs Ettel

Address, No 13 Cuba St

Remarks,

parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the [illegible] certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall [illegible] after fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

82879

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, NOV 5 1885, BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1 birth
1. *Sex, (state whether male or female)*	male
2. *Race or Color, (if not of the white race)*	white
3. *Date of Birth,*	30 October
4. *Place of Birth, (Street and Number)*	Caroline St. No 60
5. *Full Name of Mother,*	Lizzi Gessler
6. *Mother's Maiden Name,*	" " Braun
7. *Mother's Birthplace,*	Baltimor
8. *Full Name of Father,*	John Gessler
9. *Father's Occupation,*	
10. *Father's Birthplace,*	2Baltimore
Name of Medical Attendant, or other Person who makes this Return.	
Address,	Mrs. Braun
Remarks,	Market Space No 15

Birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

82830

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
NOV 3 1885
BALTIMORE MD

No. of Child of Mother (state whether ~~1st~~, 2d, ~~3d~~, &c.)

1. *Sex (~~state whether Male or~~ Female)* White
2. *Race or Color (if not of the white race)*
3. *Date of Birth* Oct 30
4. *Place of Birth (Street and Number)* 184 Edmonson Av
5. *Full Name of Mother* Eliz R Orlis
6. *Mother's Maiden Name* Eliz R Braly
7. *Mother's Birthplace* Hagerstown Md
8. *Full Name of Father* C D Braly
9. *Father's Occupation* Merchant
10. *Father's Birthplace* Maryland

Name of Medical Attendant, or other Person who makes this Return. Robt Kneas

Address 662 W Fayette

Remarks

of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

52831

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d.

1. *Sex, (state whether male or female)* Male

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* Oct. 30. 1885.

4. *Place of Birth, (Street and Number)* 155 George St.

5. *Full Name of Mother,* Ida Jane Medinger

6. *Mother's Maiden Name,* Kane

7. *Mother's Birthplace,* Balt. Co.

8. *Full Name of Father,* William Henry Medinger

9. *Father's Occupation,* Clerk

10. *Father's Birthplace,* Balt.

Name of Medical Attendant, or other Person who makes this Return. Alfred Vanslate, M.D.

Address, 228 N. Eutaw St.

Remarks,

HEALTH DEPARTMENT NOV 3 1885 BALTIMORE MD

ET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH

82822

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	7th
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Oct 30th
4. *Place of Birth, (Street and Number)*	448 Federal St
5. *Full Name of Mother,*	Mary Gilley
6. *Mother's Maiden Name,*	Mary Carroll
7. *Mother's Birthplace,*	Baltimore Md
8. *Full Name of Father,*	Ed Gilley
9. *Father's Occupation,*	Conductor
10. *Father's Birthplace,*	Baltimore Md
Name of Medical Attendant, or other Person who makes this Return	Mrs Wooden
Address,	120 Fremont Ave
Remarks,	

HEALTH DEPARTMENT
NOV 4 1895
BALTIMORE

CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

82836

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
NOV 2 1885
BALTIMORE MD

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9th child

1. [redacted], (state whether male or female) Male

2. Race or Color, (if not of the white race) white

3. Date of Birth, Oct 30/85

4. Place of Birth, (Street and Number) 413 East av,

5. Full Name of Mother, Mary Brown

6. Mother's Maiden Name, Mary Whitman

7. Mother's Birthplace, Baltimore city

8. Full Name of Father, Julius Brown

9. Father's Occupation, Jeweller.

10. Father's Birthplace, Baltimore

[redacted] Name of Medical Attendant, or other Person who makes this Return R W Mansfield M D

Address, 52 So Broadway

Remarks,

PRINTERS AND STATIONERS

82831

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	8 Child
1. *Sex, (state whether male or female)*	Female.
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	Oct 30 1885
4. *Place of Birth, (Street and Number)*	148 Bruguder st.
5. *Full Name of Mother,*	Maria Kelly
6. *Mother's Maiden Name,*	Strobe
7. *Mother's Birthplace,*	America.
8. *Full Name of Father,*	John Kelly
9. *Father's Occupation,*	Police.
10. *Father's Birthplace,*	America.
Name of Medical Attendant, or other Person who makes this Return.	J Lohwasser Midwife
Address,	330 Hanover st.
Remarks,	

HEALTH DEPARTMENT, NOV 2 1885 BALTIMORE MD

report its birth to the Commissioner of Health, in the manner and within the period above required, and any other person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

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GIVEN NAME ADDED 4-3-57 82835

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT NOV 2 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Emma B. Blake

1. Sex, (state whether ~~male~~ or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, October 30, 1885
4. Place of Birth, (Street and Number) No. 96 North Ann Street
5. Full Name of Mother, Mrs Susanna E Blake
6. Mother's Maiden Name, Miss Susanna Elizabeth Howard
7. Mother's Birthplace, Virginia
8. Full Name of Father, Mr. John Henry Blake
9. Father's Occupation, Salesman
10. Father's Birthplace, Virginia

Name of Medical Attendant, or other Person who makes this Return. Wm. H. Cleudinen, M.D.

Address, No. 102 North Broadway

Remarks,

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

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82836

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
NOV 2 1905
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3
1. Sex, (state whether male or female)	Boy
2. Race or Color, (if not of the white race)	White
3. Date of Birth	October 30
4. Place of Birth, (Street and Number)	No 7 Spring Court
5. Full Name of Mother,	Amelia Pettigay
6. Mother's Maiden Name,	" Bahn.
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	Edward Bahn
9. Father's Occupation,	" " Tiner
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Mrs C Seabrook
Address,	439 W Pratt Street
Remarks,	

City Printers and Stationers.

RETURN OF A BIRTH

82837

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 30 October
4. *Place of Birth, (Street and Number)* 91 N. High
5. *Full Name of Mother,* Annie Sipgen
6. *Mother's Maiden Name,* Gorden
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* John Sipgan
9. *Father's Occupation,* Traveller
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Sarah Casper

Address, 92. E. Lombard

Remarks,

HEALTH DEPARTMENT NOV 2 1885 BALTIMORE MD.

...by & Co., City Printers and Stationers.

82838

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
OCT 31 1885
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth October 30th 1885
4. Place of Birth, (Street and Number) Mary Weitking No Light St
5. Full Name of Mother, Mary ~~Seltz~~ Weitking
6. Mother's Maiden Name, Mary Seltz
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Henry W Weitking
9. Father's Occupation, Laborer Merchant
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. Catherine Horning

Address, No 18 3 yard st

Remarks,

report its birth to the Commissioner of Health, in the manner and within the period above required, and any person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) Dollars for each offence to be recovered as other fines and forfeitures are recoverable.

phy & Co., City Printers and Stationers.

82839

RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
OCT 31 1885
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth Oct 30th 1885
4. Place of Birth, (Street and Number) 356 Hamburg Street
5. Full Name of Mother Sarah Elizabeth Laupp
6. Mother's Maiden Name Arnold
7. Mother's Birthplace Balto
8. Full Name of Father Charles Henry Laupp
9. Father's Occupation Restaurateur
10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. J. H. Cyney

Address 76 S Paca St

Remarks

name of the mother of such child or children.

RETURN OF A BIRTH

82810

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Balto Oct 31st 1885

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race) White.
3. Date of Birth, Balto Oct 30th 1885.
4. Place of Birth, (Street and Number) 141 Lancaster St.
5. Full Name of Mother, Henrietta Schweiger
6. Mother's Maiden Name, Henrietta Brown.
7. Mother's Birthplace, America.
8. Full Name of Father, Martin Schweiger
9. Father's Occupation, Steavador.
10. Father's Birthplace, America.

Name of Medical Attendant, or other Person who makes this Return. Mrs. Mary Amend.

Address, 197 South Wolfe St

Remarks, H

HEALTH DEPARTMENT
OCT 31 1885
BALTIMORE MD

...report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

...& Co., City Printers and Stationers.

RETURN OF A BIRTH.

82841

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, NOV 2 1885 BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth Oct 31st 1885

4. Place of Birth, (Street and Number) 333 Alice Ann Ste

5. Full Name of Mother, Mary Katthen

6. Mother's Maiden Name, " Sacherman

7. Mother's Birthplace, City

8. Full Name of Father, Levy Katthen

9. Father's Occupation, Notions Dealer

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs Elizabeth Betz

Address, 120 Bank ste.

Remarks,

...phy & Co., City Printers and Stationers.

RETURN OF A BIRTH

82842

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 31 October
4. *Place of Birth, (Street and Number)* 57 S. Albemarle
5. *Full Name of Mother,* Mary Ann Hana
6. *Mother's Maiden Name,* Brown
7. *Mother's Birthplace,* Ireland
8. *Full Name of Father,* Peter Hana
9. *Father's Occupation* Boot Maker
10. *Father's Birthplace,* Ireland

Name of Medical Attendant, or other Person who makes this Return. Sarah Caspis

Address, 12. E. Lombard

Remarks,

HEALTH DEPARTMENT
NOV 2 1885
BALTIMORE MD.

...hy & Co., City Printers and Stationers.

RETURN OF A BIRTH

828

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Emma ~~Pauline~~ Albrecht

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 Child

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)*

3. *Date of Birth,* Oct 31 — 1885

4. *Place of Birth, (Street and Number)* 351 West st

5. *Full Name of Mother,* Anna Albrecht.

6. *Mother's Maiden Name,* Steinbock.

7. *Mother's Birthplace,* America.

8. *Full Name of Father,* Fred Albrecht.

9. *Father's Occupation,* Resturent.

10. *Father's Birthplace,* America.

Name of Medical Attendant, or other Person who makes this Return. J Lohwasser. Midwife.

Address, 330 Hanover st.

Remarks,

HEALTH DEPARTMENT NOV 2 1885 BALTIMORE, MD.

...be in accordance upon the Mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

& Co., City Printers and Stationers.

Missing 82844-82854, incl.

RETURN OF A BIRTH

82855

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered ... other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2Cd.

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, September 8th 1885

4. Place of Birth, (Street and Number) No 14th. Chestnut St.

5. Full Name of Mother, Margreta Johnson

6. Mother's Maiden Name, " "

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

HEALTH DEPARTMENT
NOV 6 1885
BALTIMORE, MD.

Name of Medical Attendant, or other Person who makes this Return. M. A. Butt

Address, 185 S.E. cor Central av. & Monument St.

Remarks, All Well

...phy & Co., City Printers and Stationers.

RETURN OF A BIRTH.

8286

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

be in attendance upon the mother, immediately thereafter, and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5 the

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth 12 September
4. Place of Birth, (Street and Number) 424 Lancaster
5. Full Name of Mother, Greta Weiss (Midwife)
6. Mother's Maiden Name, = Heyen
7. Mother's Birthplace, Emden — Hannover (Germ
8. Full Name of Father, John Weiss
9. Father's Occupation, Laboln
10. Father's Birthplace, Breffig Bavaria

Name of Medical Attendant, or other Person who makes this Return. Mrs Greta Weiss

Address, Midwife

Remarks, 424 Lancaster St.

HEALTH DEPARTMENT
OCT 30 1885
BALTIMORE, MD.

rphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

8285

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

Name: Daisy Ward McMechen

HEALTH DEPARTMENT, OCT 27 1885 BALTIMORE MD

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3d
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	white
3. Date of Birth,	15 Sept. 1885
4. Place of Birth, (Street and Number)	347 W. Fayette st
5. Full Name of Mother,	Alice V. Mellechen
6. Mother's Maiden Name,	Childs
7. Mother's Birthplace,	Balt. City
8. Full Name of Father,	Henry C. Mellechen
9. Father's Occupation,	House Carpenter
10. Father's Birthplace,	Balt. Co.
Name of Medical Attendant, or other Person who makes this Return	J. W. McHood.
Address,	
Remarks,	

CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

8858

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
NOV 6 1885
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5 th.

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* September 14th 1885
4. *Place of Birth, (Street and Number)* No 50 Mc Kelden St.
5. *Full Name of Mother,* Lizzie Langrad
6. *Mother's Maiden Name,* Lizzie Randles
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Jacob Langros
9. *Father's Occupation,* Confectionary.
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. M. A. Butt.

Address, 185. E. E. cor Central av. & Monument St.

Remarks, All Well

Birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

phy & Co., City Printers and Stationers.

82859

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, NOV 5 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5 birth

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* 19 September
4. *Place of Birth, (Street and Number)* Washington Str. No 123
5. *Full Name of Mother,* Mari Ruht
6. *Mother's Maiden Name,* Hess
7. *Mother's Birthplace,* Baltimor
8. *Full Name of Father,* David
9. *Father's Occupation,* Cam mage
10. *Father's Birthplace,* Baltimor

Name of Medical Attendant, or other Person who makes this Return.

Address, Mrs. Maurer

Remarks, Market Space No 15.

certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

82860

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st.

1. *Sex*, (state whether male or female) female
2. *Race or Color*, (if not of the white race) white
3. *Date of Birth* Sept. 20th 1885
4. *Place of Birth*, (Street and Number) 57 Harrison st.
5. *Full Name of Mother*, Mary Salinsky
6. *Mother's Maiden Name*, ~ ~ ~
7. *Mother's Birthplace*, Europe
8. *Full Name of Father*, Stanislaus Salinsky
9. *Father's Occupation*, Shoemaker
10. *Father's Birthplace*, Europe

Name of Medical Attendant, or other Person who makes this Return. Mrs. C. Bernstein (Mid Wife)

Address, ~~67 E Pratt st~~ 49 S. Exeter st.

Remarks,

HEALTH DEPARTMENT
OCT 23 1885
BALTIMORE, MD.

...rphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

82861

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, September 20th 1885 (32 Edward St.

4. Place of Birth, (Street and Number)

5. Full Name of Mother, Jane Melts

6. Mother's Maiden Name, Jane Smith

7. Mother's Birthplace, St. Marys County

8. Full Name of Father, James Melts

9. Father's Occupation, Laborer

10. Father's Birthplace, Eastern Shore

Name of Medical Attendant, or other Person who makes this Return. M. F. Butt

Address, 185 S.E. cor Central av. & Monument St.

Remarks, All Well

HEALTH DEPARTMENT
NOV 6 1885
BALTIMORE, MD.

be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH

82862

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

HEALTH DEPARTMENT
NOV 5 1885
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 Girth

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, 22 Septembe
4. Place of Birth, (Street and Number) Durham St. No 68
5. Full Name of Mother, Kathi Glase
6. Mother's Maiden Name, Hellgarten
7. Mother's Birthplace, Baltimo
8. Full Name of Father, Georg Glaser
9. Father's Occupation,
10. Father's Birthplace, Baltimo

Name of Medical Attendant, or other Person who makes this Return.

Address, Jas Maurer

Remarks, Market & Grace No 15

82863

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Seventh Child

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White September 1885
3. Date of Birth, 24 of ~~February~~
4. Place of Birth, (Street and Number) Baltimore No 268½ Hanover Street
5. Full Name of Mother, Maggie McCauley
6. Mother's Maiden Name, Maggie Bartells
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Charles E McCauley
9. Father's Occupation, McChineists
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Augusta Bosien

Address, No 335 Hanover Street

Remarks, Fine Healthy Child

should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

...ITY PRINTERS AND STATIONERS.

82864

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
NOV 5 1885
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 birth

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* 24 Septemba
4. *Place of Birth, (Street and Number)* Gausch Str. 223
5. *Full Name of Mother,* Anna Weis
6. *Mother's Maiden Name,* Grile
7. *Mother's Birthplace,* Baltimor
8. *Full Name of Father,* Karl Weis
9. *Father's Occupation,*
10. *Father's Birthplace,* Baltimor

Name of Medical Attendant, or other Person who makes this Return.

Address, Mrs. Maura

Remarks, Market. Space No 15

birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

8285

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
OCT 21 1885
BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 7th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth Sept. 24th 1885
4. Place of Birth, (Street and Number) #23 Wyatt St.
5. Full Name of Mother, Annie E. Hessler
6. Mother's Maiden Name, " " Kerchner
7. Mother's Birthplace, Eastern shore Md.
8. Full Name of Father, Michael Hessler
9. Father's Occupation, Gardener
10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs. Dr. H. Wiegand

Address, #182 E. Monument St.

Remarks,

To be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH.

82866

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

HEALTH DEPARTMENT
OCT 3 1 '15
BALTIMORE, MD

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st.

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth Sept. 24th 1883
4. Place of Birth, (Street and Number) Cor. Lombard & Albemarle sts.
5. Full Name of Mother, Esther Shugam
6. Mother's Maiden Name, " Rosenthal
7. Mother's Birthplace, Europe
8. Full Name of Father, Saran Shugam
9. Father's Occupation, Pedler
10. Father's Birthplace, Europe

Name of Medical Attendant, or other Person who makes this Return Mrs. L. Bernstein (Mid Wife)

Address, 49 S. Exeter st.

Remarks,

...hy & Co., City Printers and Stationers.

RETURN OF A BIRTH.

8287

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Second
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White Sept. 2
3. *Date of Birth*	
4. *Place of Birth, (Street and Number)*	16 Anthony
5. *Full Name of Mother,*	Francis Zelm
6. *Mother's Maiden Name,*	Josifek
7. *Mother's Birthplace,*	Bohemia
8. *Full Name of Father,*	John Zelm
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	Ireland
Name of Medical Attendant, or other Person who makes this Return.	Josephine Conrad
Address,	20 Barnes
Remarks,	D.T.

HEALTH DEPARTMENT
OCT 22 1885
BALTIMORE MD.

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

phy & Co., City Printers and Stationers.

NOTICE

The succeeding documents were received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

82868

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Ellen E. ~~Griffith~~

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Second Child
1. Sex, (state whether male or female)	~~Male~~ Female
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	September 25.
4. Place of Birth, (Street and Number)	296 Hanover St.
5. Full Name of Mother,	Sallie J. Griffith
6. Mother's Maiden Name,	Sallie J. Owings
7. Mother's Birthplace,	Anne Arundel Co. Md.
8. Full Name of Father,	Owings P. Griffith
9. Father's Occupation,	Cigar Maker
10. Father's Birthplace,	Calvert Co. Md.
Name of Medical Attendant, or other Person who makes this Return	Basion
Address,	Hanover Fort 335
Remarks,	

HEALTH DEPARTMENT NOV 4 1885 BALTIMORE, MD.

...ody, or the person ... required, except in the cases of the births and deaths of illegitimate children, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

...Y PRINTERS AND STATIONERS.

RETURN OF A BIRTH

F2869

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

HEALTH DEPARTMENT
NOV 6 1885
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th.

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Sebtember 25th 1885
4. *Place of Birth, (Street and Number)* No 2 Stirling St. Court
5. *Full Name of Mother,* M. A. Hildabrand
6. *Mother's Maiden Name,* M. A. O'Neily
7. *Mother's Birthplace,* New York
8. *Full Name of Father,* Conrad Hildabrand
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. M. A. Butt

Address, 185 S E. cor. Central av. & Monument St.

Remarks, All Well

rphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

82870

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
OCT 27 1885
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3d
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	709 W. Lombard
4. *Place of Birth, (Street and Number)*	26 Sept. 1885
5. *Full Name of Mother,*	Laura V. Bratt
6. *Mother's Maiden Name,*	Fullerton
7. *Mother's Birthplace,*	Balt
8. *Full Name of Father,*	Wm. H. Bratt
9. *Father's Occupation,*	Telegraphing
10. *Father's Birthplace,*	Balt.
Name of Medical Attendant, or other Person who makes this Return	John Hood
Address,	
Remarks,	

PRINTERS AND STATIONERS

82871

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, OCT 21 1885 BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3rd

Sex, (state whether male or female) Female

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth* Sept. 26th 1885

4. *Place of Birth, (Street and Number)* #35 Eastern Ave.

5. *Full Name of Mother,* Mary Pizagry

6. *Mother's Maiden Name,* " Cravo

7. *Mother's Birthplace,* Italy

8. *Full Name of Father,* Anthony Pizagry

9. *Father's Occupation,* Can Maker

Father's Birthplace, Italy

Name of Medical Attendant, or other Person who makes this Return. Mrs. Dena Hillegeist

Address, #182 E. Monument St.

Remarks,

...or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

...y & Co., City Printers and Stationers.

GIVEN NAME ADDED 11-21-29

RETURN OF A BIRTH

8287/2

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Mary Alberta ~~Robertson~~

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth Child

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, September 27th 1885
4. Place of Birth, (Street and Number) 12 Pine Street
5. Full Name of Mother, Mary Elizabeth Robertson
6. Mother's Maiden Name, Mary Elizabeth Belt
7. Mother's Birthplace, Mount Washington Balto Co Md
8. Full Name of Father, George William C Robertson
9. Father's Occupation, Driver
10. Father's Birthplace, Baltimore Md

HEALTH DEPARTMENT, NOV 1 1885 BALTIMORE, MD.

Name of Medical Attendant, or other Person who makes this Return A K Bond M D

Address, 316 Franklin Street Balto

Remarks,

within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

8287 3

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Report this birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Third

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* Sept. 27th
4. *Place of Birth, (Street and Number)* 48 Aisquith St
5. *Full Name of Mother,* Josephine Rada
6. *Mother's Maiden Name,* " " Vondracek
7. *Mother's Birthplace,* Bohemia (Venceslaus Rada
8. *Full Name of Father,*
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Bohemia

Name of Medical Attendant, or other Person who makes this Return. Josephine Conrad

Address, 20 Barnes St.

Remarks, City

HEALTH DEPARTMENT OCT 22 1885 BALTIMORE MD.

...y & Co., City Printers and Stationers.

82874

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	7th
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	White
3. Date of Birth	Sept. 27 1885
4. Place of Birth, (Street and Number)	17 Cemetery Lane
5. Full Name of Mother,	Barbara Schneider
6. Mother's Maiden Name,	" " Wagner
7. Mother's Birthplace,	Bohemia
8. Full Name of Father,	John Schneider
9. Father's Occupation,	Laborer
10. Father's Birthplace,	Bohemia
Name of Medical Attendant, or other Person who makes this Return.	Josephine Conrad
Address,	20 Barnes St.
Remarks,	City

HEALTH DEPARTMENT, OCT 22 1885 BALTIMORE, MD.

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

hy & Co., City Printers and Stationers.

82875

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT, OCT 20 1885 BALTIMORE, MD.

No. [illegible] *Child of Mother, (state whether 1st, 2d, 3d, &c.)* First

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Blk
3. *Date of Birth,* 28th Sept
4. *Place of Birth, (Street and Number)* 11 Stockholm Alley
5. *Full Name of Mother,* Mary Sims
6. *Mother's Maiden Name,* " "
7. *Mother's Birthplace,* City
8. *Full Name of Father,* Nameless
9. *Father's Occupation,* " "
10. *Father's Birthplace,* "

Name of Medical Attendant, or other Person who makes this Return R. M. Bell, M.D.

Address, 128 Cathedral St

Remarks, 63 hours in labor due to small Pelvis

[illegible] & CO., CITY PRINTERS AND STATIONERS

82876

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6th

Sex, (state whether male or female) Female

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth* Sept. 28th 1885

4. *Place of Birth, (Street and Number)* #35 Eastern Ave.

5. *Full Name of Mother,* Christina Romand

6. *Mother's Maiden Name,* " Barbe

7. *Mother's Birthplace,* Italy

8. *Full Name of Father,* Salvador Romand

9. *Father's Occupation,* Boiler Maker

Father's Birthplace, Italy

Name of Medical Attendant, or other Person who makes this Return. Mrs. Dena Stillegeist

Address, #182 E. Monument St.

Remarks,

HEALTH DEPARTMENT, OCT 21 1885 BALTIMORE, MD.

...or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

...y & Co., City Printers and Stationers.

82877

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	8th
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	White
3. Date of Birth	Sept 28 1885
4. Place of Birth, (Street and Number)	278 N. Broadway
5. Full Name of Mother,	Anna Miller
6. Mother's Maiden Name,	" " Pelz
7. Mother's Birthplace,	Bohemia
8. Full Name of Father,	John Miller
9. Father's Occupation,	Sallon Keeper
10. Father's Birthplace,	Bohemia
Name of Medical Attendant, or other Person who makes this Return.	Josephine Conrad
Address,	20 Barnes St.
Remarks,	City

HEALTH DEPARTMENT, OCT 22 1885 BALTIMORE, M.D.

Report its birth to the Commissioner of Health, in the manner and wrong, and the [illegible] of persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

...y & Co., City Printers and Stationers.

RETURN OF A BIRTH

82878

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, September 29th 1885

4. Place of Birth, (Street and Number) 327 Mc. Donnald St.

5. Full Name of Mother, Amelia Kissner

6. Mother's Maiden Name, Amelia Koegling

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Amil Kissner

9. Father's Occupation, Musicianer

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. M. A. Butt.

Address, 185 S.E. cor Centre av. & Monument St.

Remarks, All Well

HEALTH DEPARTMENT
NOV 6 1885
BALTIMORE

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) Dollars for each offence to be recovered as other fines and forfeitures are recoverable.

& Co., City Printers and Stationers.

RETURN OF A BIRTH.

82879

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, NOV 2 1885 BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth 29th September 1885
4. Place of Birth, (Street and Number) No 147 Washington Ave
5. Full Name of Mother, Amelia Caroline Smarden
6. Mother's Maiden Name, Amelia C. Bowser
7. Mother's Birthplace, Baltimore
8. Full Name of Father, John Smarden
9. Father's Occupation, Car Driver
10. Father's Birthplace, Baltimore County

Name of Medical Attendant, or other Person who makes this Return. Mrs C Seebach

Address, 439 W. Pratt st

Remarks,

Births of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

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82880

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, NOV 1885 BALTIMORE MD

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 29th Sept. 1885
4. *Place of Birth, (Street and Number)* 131 Montgomery
5. *Full Name of Mother,* Sallie Harrison
6. *Mother's Maiden Name,* " North
7. *Mother's Birthplace,* Balt.
8. *Full Name of Father,* Wm H Harrison
9. *Father's Occupation,* Clerk
10. *Father's Birthplace,* Balt

Name of Medical Attendant, or other Person who makes this Return. H W Webster M D

Address, 101 Barn

Remarks,

...be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents or such other, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

...y & Co., City Printers and Stationers.

82881

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
NOV 4 1895
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race)

3. Date of Birth, 29th Sept

4. Place of Birth, (Street and Number) No. 6 St Peters st

5. Full Name of Mother, Amelia Doctor

6. Mother's Maiden Name, Saint

7. Mother's Birthplace, Baltimore Md

8. Full Name of Father, Mathew Doctor

9. Father's Occupation, Barrister

10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other Person who makes this Return. Mrs Bunder

Address, 61 North Schroder Street

Remarks,

report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

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82882

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th.

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* September 30th. 1885
4. *Place of Birth, (Street and Number)* Alice Diece
5. *Full Name of Mother,* 88 East St. Alice Maden
6. *Mother's Maiden Name,* " "
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* & Gilbert Diece
9. *Father's Occupation,* Laboror
10. *Father's Birthplace,* George County.

Name of Medical Attendant, or other Person who makes this Return. M. A. Butt.

Address, 185 S.E. cor Centrel av. & Monument St.

Remarks, All Well

HEALTH DEPARTMENT NOV 6 1885 BALTIMORE, MD.

...be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH.

8 2 8 8 3

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
NOV 4

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) Mulatto

3. Date of Birth 30th September

4. Place of Birth, (Street and Number) 204 Lanvale

5. Full Name of Mother, Bettie Andrews

6. Mother's Maiden Name, Bettie Becker

7. Mother's Birthplace, Baltimore

8. Full Name of Father, John Andrews

9. Father's Occupation, Laborer

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mr. E. Gray.

Address, 193 South Chester Street

Remarks, Healthy Child

be in attendance upon the mother, immediately thereafter it shall become the duty of the person of parents of such child, to report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

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82884

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, OCT 21 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* July 13th 1885
4. *Place of Birth, (Street and Number)* Harford Ave.
5. *Full Name of Mother,* Agnes Leach
6. *Mother's Maiden Name,* " Siegman
7. *Mother's Birthplace,* Balto. Md.
8. *Full Name of Father,* Thomas Leach
9. *Father's Occupation,* Tinner
10. *Father's Birthplace,* Balto. Md.

Name of Medical Attendant, or other Person who makes this Return. Mrs. Dena Hillegeist

Address, #182 E. Monument St.

Remarks,

report its birth to the Commissioner of Health, in the manner and within the period above required, and any other person who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

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82885

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT, OCT 26 1885, BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th Child
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	May 26 1885
4. Place of Birth (Street and Number)	135 E. Lanvale St.
5. Full Name of Mother	Mary E. B. Phillips nee Ruthven
6. Mother's Maiden Name	
7. Mother's Birthplace	England
8. Full Name of Father	John H. Phillips
9. Father's Occupation	Merchant
10. Father's Birthplace	England
Name of Medical Attendant, or other Person who makes this Return.	Henry T. Reynolds M.D.
Address	186 Asquith St
Remarks	

of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH, 82884

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2d (second)
1. *Sex (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth*	August 17/85
4. *Place of Birth, (Street and Number)*	585 Druid Hill Ave.
5. *Full Name of Mother*	Sarah Elizabeth Luntz Miller
6. *Mother's Maiden Name*	
7. *Mother's Birthplace*	Baltimore Md.
8. *Full Name of Father*	John Luntz
9. *Father's Occupation*	Clerk
10. *Father's Birthplace*	Baltimore, Md.
Name of Medical Attendant, or other Person who makes this Return.	Louis W. Knight M.D.
Address	112 N. Greene
Remarks	

RETURN OF A BIRTH,

82887

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT, OCT 22 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth August 26/85

4. Place of Birth, (Street and Number) Lanvale st, north side, 3rd d. W. of Carrollton ave.

5. Full Name of Mother Emma Almira Lindsay

6. Mother's Maiden Name Rice

7. Mother's Birthplace Baltimore Md.

8. Full Name of Father Geo. W. Lindsay Jr.

9. Father's Occupation Real Estate Agent

10. Father's Birthplace Baltimore, Md.

Name of Medical Attendant, or other Person who makes this Return. Louis W. Knight M.D.

Address 112 N. Greene

Remarks

NOTICE

The succeeding documents were received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8.

1. Sex, (state whether male or female) Boi
2. ~~Race or Color~~, (if not of the white race)
3. Date of Birth, 26. August
4. Place of Birth, (Street and Number) No 27 Bevan Str.
5. Full Name of Mother, Elisabetha Strasser
6. Mother's Maiden Name, — Gartner
7. Mother's Birthplace, Homburg Pfalz. Germany,
8. Full Name of Father, Friedrich Strasser
9. Father's Occupation, Machinist
10. Father's Birthplace, Homburg Pfalz —

Name of Medical Attendant, or other Person who makes this Return

Address, Strasser Bevan Str. 27

Remarks, Bozien
Hanover Hut 555

HEALTH DEPARTMENT
NOV 4 1885
BALTIMORE, MD.

within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

PRINTERS AND STATIONERS.

RETURN OF A BIRTH

82889

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)* female

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth.* October 4th 1885

4. *Place of Birth, (Street and Number)* 176 N. Bond St.

5. *Full Name of Mother,* Lizzie Pitt

6. *Mother's Maiden Name,* Lizzie Miller

7. *Mother's Birthplace,* Baltimore

8. *Full Name of Father,* Charles Pitt

9. *Father's Occupation,* Painter

10. *Father's Birthplace,* Germany.

Name of Medical Attendant, or other Person who makes this Return. M. A. Butt

Address, 185 S.E. cor Central av. & Monument St.

Remarks, All Well

HEALTH DEPARTMENT, NOV 6 1885 BALTIMORE

& Co., City Printers and Stationers.

RETURN OF A BIRTH

82890

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
NOV 6 1885
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	8 Th.
1. *Sex, (state whether male or female)*	female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	October 12
4. *Place of Birth, (Street and Number)*	No 17 Chew St.
5. *Full Name of Mother,*	Mary McCarte
6. *Mother's Maiden Name,*	Mary Grant.
7. *Mother's Birthplace,*	Ireland
8. *Full Name of Father,*	Daniel McCarte
9. *Father's Occupation,*	Street Paver
10. *Father's Birthplace,*	Ireland
Name of Medical Attendant, or other Person who makes this Return.	M. A Butt
Address,	185 S.E. cor. Central av. & Monument St.
Remarks,	All Well.

report its birth to the Commissioner of Health, in the manner and within the period above required, and the said person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

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82891

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* October 2/85
4. *Place of Birth, (Street and Number)* 244 Alice Ann St.
5. *Full Name of Mother,* Margaretha Hetzner
6. *Mother's Maiden Name,* Heinz
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* John Hetzner
9. *Father's Occupation,* Laborer.
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs. Louise Kraft.

Address, 142 S. Washington St.

Remarks,

HEALTH DEPARTMENT, NOV 10 1885 BALTIMORE, MD.

birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or absent no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

...hy & Co., City Printers and Stationers.

RETURN OF A BIRTH

82892

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
NOV 10 1885
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	October 185
4. *Place of Birth, (Street and Number)*	11 Madeira Alley
5. *Full Name of Mother,*	Maggie Muller
6. *Mother's Maiden Name,*	Single
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Thomas Benzen
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Mrs. Louise Kraft.
Address,	123 S. Broadway.
Remarks,	

report as birth to the Commissioners of the district, the provisions of this section, shall be subjected to the fine of ten (10) dollars or persons who shall hereafter fail to comply with for each offence to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH

8289 3

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
NOV 6 1885
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, October 5th 1885
4. Place of Birth, (Street and Number) 148½ Madison St.
5. Full Name of Mother, Susa Morgan
6. Mother's Maiden Name, Susa Mc. Ginnis
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Henry Morgan
9. Father's Occupation, Base Ball Player
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. M. A. Butt

Address, 185 S.E. cor Central av. & Monument St.

Remarks, All Well.

Report its Birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH

82894

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, October 1st 1885

4. Place of Birth, (Street and Number) No 14 Corn St.

5. Full Name of Mother, Mary A. Price

6. Mother's Maiden Name, "

7. Mother's Birthplace, Baltimore

8. Full Name of Father, "

9. Father's Occupation, "

10. Father's Birthplace, "

Name of Medical Attendant, or other Person who makes this Return. M. A. Butt.

Address, 185 S.E. cor. Central av. & Monument St.

Remarks, No Mill

HEALTH DEPARTMENT, NOV 6 1885 BALTIMORE, MD.

be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

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82895

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) ~~8th~~ 1st.

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth* Oct. 8th
4. *Place of Birth, (Street and Number)* 215 S. Paca
5. *Full Name of Mother,* Minnie Kaufman
6. *Mother's Maiden Name,* " Schmidt
7. *Mother's Birthplace,* Balto.
8. *Full Name of Father,* William Kaufman
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Balto.

Name of Medical Attendant, or other Person who makes this Return. C. L. Buddenbohn

Address, 166 S. Paca st.

Remarks,

HEALTH DEPARTMENT, NOV 10 1885 BALTIMORE, MD.

or persons who shall hereafter fail to comply with the provisions of this Return, for each offence to be recovered as other fines and forfeitures are recoverable.

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Ouid 82896

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Ruby Watkins

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, Oct. 9, 1885
4. Place of Birth, (Street and Number) St Mary & Penna Av
5. Full Name of Mother, Bettie M. Watkins
6. Mother's Maiden Name, Hughes
7. Mother's Birthplace, Virginia
8. Full Name of Father, Newton P. Watkins
9. Father's Occupation, Merchant
10. Father's Birthplace, Virginia

Name of Medical Attendant, or other Person who makes this Return, Fed. A. Fleming MD

Address, Franklin & Greene Sts

Remarks,

HEALTH DEPARTMENT NOV 10 1885 BALTIMORE

Report as [illegible] to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH

82897

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT,
NOV 10 1885
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth, October 4/85

4. Place of Birth, (Street and Number) 281 Eastern Ave

5. Full Name of Mother, Amanda Hohn

6. Mother's Maiden Name, Stidom

7. Mother's Birthplace, Germany

8. Full Name of Father, Henry Meiser

9. Father's Occupation, Laborer

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs. Louise Kraft

Address, 142 S. Washington St.

Remarks,

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

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RETURN OF BIRTH

82898

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
NOV 6 1885
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6 th.
1. *Sex, (state whether male or female)*	female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	October 10th. 1885
4. *Place of Birth, (Street and Number)*	No 157 E. Biddle St.
5. *Full Name of Mother,*	Catharina Thalheimer
6. *Mother's Maiden Name,*	" Gang
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	John Thalheimer
9. *Father's Occupation,*	House Carpenter
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other Person who makes this Return.	M A. Butt
Address,	185 S.E. cor Central ave. & Monument St.
Remarks,	A C Wells.

Report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH

82899

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
NOV 10 1885
BALTIMORE MD

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1
Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	
3. Date of Birth,	October 7
4. Place of Birth, (Street and Number)	333 Eastern Ave.
5. Full Name of Mother,	Marie Bauernschmidt
6. Mother's Maiden Name,	Reis
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	Kuhn Bauernschmidt
9. Father's Occupation,	Laborer
10. Father's Birthplace,	Germany
Name of Medical Attendant, or other Person who makes this Return.	Mrs. Louise Kraft
Address,	123 S. Broadway
Remarks,	

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the same penalties for each offence to be recovered as other fines and forfeitures are recoverable.

o., City Printers and Stationers.

NOTICE

The succeeding document was received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Henry Harvey Washington

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Oct 16th 1885
4. Place of Birth, (Street and Number) 36 S Eutaw
5. Full Name of Mother, Mary A Washington
6. Mother's Maiden Name, Mary A Rupp
7. Mother's Birthplace, Baltimore County
8. Full Name of Father, George Washington
9. Father's Occupation, Machinist
10. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other Person who makes this Return. Henry E Emmert M.D.

Address, 299 E Baltimore Street

Remarks, GIVEN NAME ADDED 3-17-53.

HEALTH DEPARTMENT NOV 12 1885 BALTIMORE MD

ascertain the full name and place of birth, and the said ... every month to the ... of midwifery, or ... such child, to parents, the date and place of birth, and the said ... and every month to the ... of midwifery, or ... such child, to parents, the date and third day of each

82901

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Oct 16, 1885
4. *Place of Birth, (Street and Number)* 370 W Lombard St
5. *Full Name of Mother,* Martena F Newton
6. *Mother's Maiden Name,* Martena Frazer
7. *Mother's Birthplace,* Md
8. *Full Name of Father,* Henry Clay Newton
9. *Father's Occupation,* Wire worker
10. *Father's Birthplace,* Washington D.C.

Name of Medical Attendant, or other Person who makes this Return James Bosley Md

Address, 319 Hollins St

Remarks,

HEALTH DEPARTMENT NOV 6 1885 BALTIMORE, MD.

Any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

INTERS AND STATIONERS.

RETURN OF A BIRTH 82902

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st.
Sex, (state whether male or female)	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	October 17th 1885
4. *Place of Birth, (Street and Number)*	152 Wolf St.
5. *Full Name of Mother,*	Mary Conrad
6. *Mother's Maiden Name,*	Mary Lauer
7. *Mother's Birthplace,*	Frederick City
8. *Full Name of Father,*	John Conrad
9. *Father's Occupation,*	Shoemaker
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	M. A. Butt.
Address,	185 S. E cor. Central ave. & Monument St.
Remarks,	All Well

HEALTH DEPARTMENT NOV 6 1885 BALTIMORE

for each offence to be recovered as other fines and forfeitures are recoverable.

Co., City Printers and Stationers.

RETURN OF A BIRTH

8290 3

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, October 18th. 1883

4. Place of Birth, (Street and Number) 339 Dwight St.

5. Full Name of Mother, Sarah Taylor

6. Mother's Maiden Name, " Fletcher

7. Mother's Birthplace, Annapolas

8. Full Name of Father, Eric Taylor

9. Father's Occupation, Laborer

10. Father's Birthplace, Mississaura

Name of Medical Attendant, or other Person who makes this Return. M. A. Butt

Address, 185 S.E. cor. Centre av. & Monument St.

Remarks, All Well

HEALTH DEPARTMENT
NOV 8 1885
BALTIMORE, MD.

For each offence to be recovered as other fines and forfeitures are recoverable.

Co., City Printers and Stationers.

RETURN OF A BIRTH

82904

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, NOV 6 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) White

3. Date of Birth, October 18th 1885

4. Place of Birth, (Street and Number) No - Gay St. near Washington St.

5. Full Name of Mother, Alabamer Lewbeck

6. Mother's Maiden Name, " Moore

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Louis Lewbeck

9. Father's Occupation, Laborer

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. N. A. Butt

Address, 185 S.E. cor Central ave. & Monument St.

Remarks, All Well

for each offence to be recovered as other fines and forfeitures are recoverable.

Co., City Printers and Stationers.

RETURN OF A BIRTH

8290

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
NOV 10 1885
BALTIMORE, MD

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) ..... Female

1. *Sex, (state whether male or female)* .....
2. *Race or Color, (if not of the white race)* .....
3. *Date of Birth,* ..... October 14/85
4. *Place of Birth, (Street and Number)* ..... No 26 Castle St.
5. *Full Name of Mother,* ..... Maggie Barry
6. *Mother's Maiden Name,* ..... Keene
7. *Mother's Birthplace,* ..... Baltimore
8. *Full Name of Father,* ..... John Barry
9. *Father's Occupation,* ..... Laborer
10. *Father's Birthplace,* ..... Baltimore

Name of Medical Attendant, or other Person who makes this Return. ..... Mrs. Louise Kraft

Address, ... 142 S. Washington St

Remarks, ...

for each offence to be recovered as other fines and forfeitures are recoverable.

..., City Printers and Stationers.

82906

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
NOV 10 1885
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Female 1

1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race)
3. Date of Birth, October 20/85
4. Place of Birth, (Street and Number) 92 Thirnestreet
5. Full Name of Mother, Augusta Elbel
6. Mother's Maiden Name, Bastorf
7. Mother's Birthplace, Germany
8. Full Name of Father, August Elbel
9. Father's Occupation, Resaurant
10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs. Louise Kraft.

Address, 142 S. Washington.

Remarks,

be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

y & Co., City Printers and Stationers.

RETURN OF A BIRTH

8 2907

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
NOV 10 1885
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) ~~Female~~ Female

2. Race or Color, (if not of the white race)

3. Date of Birth, October 21/85

4. Place of Birth, (Street and Number) 186 Eastern Ave

5. Full Name of Mother, Käte Schönhals

6. Mother's Maiden Name, Mc Cray

7. Mother's Birthplace, Baltimore

8. Full Name of Father, William Schönhals

9. Father's Occupation,

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs Louise Kraft

Address, 142 S. Washington St.

Remarks,

for each offence to be recovered as other fines and forfeitures are recoverable.

., City Printers and Stationers.

GIVEN NAME ADDED 2-11-53

82908

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Harry John Dunker

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) white
3. Date of Birth Oct. 21 1885
4. Place of Birth, (Street and Number) 1 Chestnut Alley.
5. Full Name of Mother, Maggie Dunker
6. Mother's Maiden Name, " Briggs
7. Mother's Birthplace, Ireland
8. Full Name of Father, Henry Dunker
9. Father's Occupation, Carpenter
10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return. C. L. Buddenbohn

Address, 166 S. Paca st

Remarks,

HEALTH DEPARTMENT NOV 10 1885 BALTIMORE MD

In case the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

...y & Co., City Printers and Stationers.

82909

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, NOV 12 1885 BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) wht
3. Date of Birth Oct. 21. 1885 10.30 p.m.
4. Place of Birth, (Street and Number) 325. N. Eutaw St
5. Full Name of Mother, Bessie Kelly Gees
6. Mother's Maiden Name, " " Dunigan
7. Mother's Birthplace, Md.
8. Full Name of Father, Wm F Gees
9. Father's Occupation, Grocer
10. Father's Birthplace, Md

Name of Medical Attendant, or other Person who makes this Return. Phe. C. Williams

Address, 201 Madison ave: in absence of G Lane Tanneyhill

Remarks, Primipara: easy labor.

for each offence to be recovered as other fines and forfeitures are recovered.

Co., City Printers and Stationers.

RETURN OF A BIRTH

82910

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
NOV 12 1885
BALTIMORE, MD

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Oct 21st. 1885.
4. Place of Birth, (Street and Number) Chase & Forest
5. Full Name of Mother, Lillie Schwartz
6. Mother's Maiden Name, Lillie Peet
7. Mother's Birthplace, Baltimore City
8. Full Name of Father, George Schwartz
9. Father's Occupation, Butcher
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. James E Donnelly M.D.

Address, 299 E Baltimore St.

Remarks,

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

y & Co., City Printers and Stationers.

RETURN OF A BIRTH.

82911

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Eighth

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth Oct. 22. 1885

4. Place of Birth, (Street and Number) 314 E. Fayette St.

5. Full Name of Mother, Mrs. Annie Augusta Stewart Smith

6. Mother's Maiden Name, Miss " " " Milligan

7. Mother's Birthplace, Phila. Pa.

8. Full Name of Father, James Hume Smith

9. Father's Occupation, Merchant

10. Father's Birthplace, York Co. Pa.

Name of Medical Attendant, or other Person who makes this Return. G. G. Rusk M. D.

Address, 392 E. Balt. St.

Remarks, Natural delivery.

HEALTH DEPARTMENT NOV 10 1885 BALTIMORE, MD.

Co., City Printers and Stationers.

82912

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* Oct 22, 1885
4. *Place of Birth, (Street and Number)* 952 W Balto st
5. *Full Name of Mother,* Ellen B Hill
6. *Mother's Maiden Name,* Ellen Bell
7. *Mother's Birthplace,* Ireland
8. *Full Name of Father,* Wm J Hill
9. *Father's Occupation,* Carpenter
10. *Father's Birthplace,* Ireland

Name of Medical Attendant, or other Person who makes this Return James Bosley M D

Address, 319 S Hollins st

Remarks,

HEALTH DEPARTMENT, NOV 6 1885 BALTIMORE, MD.

to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

NTERS AND STATIONERS.

82913

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
NOV 10 1885
BALTIMORE, MD.

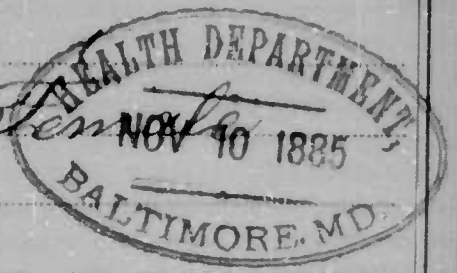
o. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3a
Sex, (state whether male or female)	Male
Race or Color, (if not of the white race)	White
Date of Birth,	Oct 26 1885
Place of Birth, (Street and Number)	20 Johnson St
Full Name of Mother,	Sallie Seward
Mother's Maiden Name,	Sallie Harrison
Mother's Birthplace,	Baltimore
Full Name of Father,	John Seward
Father's Occupation,	Sail Maker
. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other Person who makes this Return	H. Betoble Md
Address,	50 Warren av
Remarks,	

...RS AND STATIONERS

RETURN OF A BIRTH

8 7914

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race)
3. Date of Birth, October 26/85
4. Place of Birth, (Street and Number) No 426 Canton Ave
5. Full Name of Mother, Mary Fahner
6. Mother's Maiden Name, Sohroll
7. Mother's Birthplace, Baltimore
8. Full Name of Father, John Fahner
9. Father's Occupation, Laborer
10. Father's Birthplace, Baltimore
11. Name of Medical Attendant, or other Person who makes this Return, Mrs. Louise Kraft.
12. Address, 142. S. Washington St.
13. Remarks,

, City Printers and Stationers.

82915

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT, NOV 9 1885 BALTIMORE, MD.

o. of Child of Mother, (state whether ~~1st, 2d~~, 3d, &c.)	Third
Sex, (state whether male or female)	Female
Race or Color, (if not of the white race)	White
Date of Birth,	Oct. 26/85
Place of Birth, (Street and Number)	No. 6 Kupper Place
Full Name of Mother,	Mrs. Ida. Shipley
Mother's Maiden Name,	" Chaney
Mother's Birthplace,	Reisterstown Md
Full Name of Father,	John W. Shipley
Father's Occupation,	Carpenter
Fat[illegible]s Birthplace,	Howard Co. Md.
Name of Medical Attendant, or other Person who makes this Return.	T. Chew. Worthington MD
Address,	373 W. Fayette St.
Remarks,	

TER & STATIONER, BALT.

82916

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth* octo 26th 1885
4. *Place of Birth, (Street and Number)* 288 S. Eutaw st
5. *Full Name of Mother,* Emma ambrose
6. *Mother's Maiden Name,* Emma Washington
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Lewis ambrose
9. *Father's Occupation,* Labor
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Schollottie Williams

Address, fr 164 S. Howard st

Remarks, five dollars

HEALTH DEPARTMENT NOV 6 1885 BALTIMORE, MD.

Co., City Printers and Stationers.

RETURN OF A BIRTH.

8291

To the Office of Registrar of Vital Statistics, Board of Health, ~~Baltimore~~ City.

HEALTH DEPARTMENT, NOV 13 1885 BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2 nd

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth Oct. 27th 1885
4. Place of Birth, (Street and Number) Fayette st near High
5. Full Name of Mother, Esther Shapiera
6. Mother's Maiden Name,
7. Mother's Birthplace, Rufeia
8. Full Name of Father, Louis Shapiera
9. Father's Occupation, Peddler
10. Father's Birthplace, Rufeia

Name of Medical Attendant, or other Person who makes this Return. Mrs. C. Bernstein (Mid Wife)

Address, 49 S. Exeter st.

Remarks,

Co., City Printers and Stationers.

RETURN OF A BIRTH. 82918

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
NOV 13 1885
BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 7th

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) white

3. Date of Birth Oct. 27th 1885

4. Place of Birth, (Street and Number) 49 S. Exeter st.

5. Full Name of Mother, Katie Swett

6. Mother's Maiden Name,

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Charles Swett

9. Father's Occupation, Laborer

10. Father's Birthplace, Portland Me.

Name of Medical Attendant, or other Person who makes this Return. Mrs. C. Bernstein

Address, 49 S. Exeter st.

Remarks,

for each offence to be recovered as other fines and forfeitures are recovered.

Co., City Printers and Stationers.

RETURN OF A BIRTH

82719

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
NOV 10 1885
BALTIMORE, MD

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, Oct 27, 1885

4. Place of Birth, (Street and Number) 102 Jasper St

5. Full Name of Mother, Lizzie Hilton

6. Mother's Maiden Name, Kemp

7. Mother's Birthplace, Virginia

8. Full Name of Father, Samuel B. Hilton

9. Father's Occupation, Drayman

10. Father's Birthplace, Maryland

Name of Medical Attendant, or other Person who makes this Return. Fred A Fleming M.D

Address, Franklin & Greene Sts

Remarks,

City Printers and Stationers.

82920

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* colored
3. *Date of Birth,* October
4. *Place of Birth, (Street and Number)* [illegible] 10 9
5. *Full Name of Mother,* Lizzy Gustus
6. *Mother's Maiden Name,* Lizzy Mathias
7. *Mother's Birthplace,* Austin Shore Virginia
8. *Full Name of Father,* George Gustus
9. *Father's Occupation,* Labor
10. *Father's Birthplace,* Abe Mark Co Va

Name of Medical Attendant, or other Person who makes this Return Sarah Jane Wilson

Address, Phelps St 252

Remarks,

HEALTH DEPARTMENT NOV 6 1885 BALTIMORE, MD.

to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

...TERS AND STATIONERS.

RETURN OF A BIRTH

82921

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT, NOV 8 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2
Sex, (state whether male or female)	Female
Race or Color, (if not of the white race)	White
Date of Birth,	Oct. 27/85
Place of Birth, (Street and Number)	48 Edmondson Ave
Full Name of Mother,	Mary L. Michael
Mother's Maiden Name,	Nagle
Mother's Birthplace,	Baltimore
Full Name of Father,	W. G. Michael
Father's Occupation,	Merchant
Father's Birthplace,	Harford Co Md
Name of Medical Attendant, or other Person who makes this Return.	Thomas Opie M.D.
Address,	179 N. Howard St.
Remarks,	

INTER & STATIONER, BALT.

RETURN OF A BIRTH.

82922

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth October 27, 1885.
4. Place of Birth, (Street and Number) 531 Harford Ave.
5. Full Name of Mother, Mary Joanna Gilley
6. Mother's Maiden Name, " " Anzmann
7. Mother's Birthplace, Baltimore.
8. Full Name of Father, Herbert D. Gilley
9. Father's Occupation, Mariner
10. Father's Birthplace, Baltimore.

Name of Medical Attendant, or other Person who makes this Return. George A. Rohé, M.D.

Address, 139 N. Calvert St

Remarks, Born prematurely, Abt 7 Mos. Died 4 hours after birth.

HEALTH DEPARTMENT NOV 9 1885 BALTIMORE, MD.

...City Printers and Stationers.

RETURN OF A BIRTH.

8292 3

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT, NOV 7 1885 BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	10
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	African
3. Date of Birth	Oct 2nd 1885
4. Place of Birth (Street and Number)	Bengundia, Afs No 41 Baltimore City
5. Full Name of Mother	Mary E Taylor
6. Mother's Maiden Name	Mary Hill
7. Mother's Birthplace	Baltimore City, Md.
8. Full Name of Father	Phillip Taylor
9. Father's Occupation	Labor
10. Father's Birthplace	Baltimore City, Md.
Name of Medical Attendant, or other Person who makes this Return.	Julia A Johnson
Address	No 55 Wayne St Baltimore Md
Remarks	

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, October 28: 85
4. Place of Birth, (Street and Number) 764 Madison Ave
5. Full Name of Mother, Ella M. King
6. Mother's Maiden Name, " Wynn
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Henry King
9. Father's Occupation, Merchant
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return P. C. Williams

Address, 201 Madison Ave

Remarks,

HEALTH DEPARTMENT, NOV 6 1885, BALTIMORE, MD.

within the period above required, except in the cases of [illegible] any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

PRINTERS AND STATIONERS.

82925

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
NOV 10 1885
BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Second

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colered
3. Date of Birth Thursday Oct 29th 1885
4. Place of Birth, (Street and Number) Tyson Alley No. 3
5. Full Name of Mother, Mary L. Matthews
6. Mother's Maiden Name, Mary L. Stevens
7. Mother's Birthplace, Charles County Md
8. Full Name of Father, John H. Matthews
9. Father's Occupation, Waiter
10. Father's Birthplace, Charles County Md

Name of Medical Attendant, or other Person who makes this Return. Hester Colance

Address, 39 Little monument street

Remarks,

for each offence to be recovered as other fines and forfeitures are recoverable.

& Co., City Printers and Stationers.

RETURN OF A BIRTH

8296

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5T6
Sex, (state whether male or female)	Both Male & Female
Race or Color, (if not of the white race)	White
Date of Birth,	Oct 30th 1885
Place of Birth, (Street and Number)	E Hill St
Full Name of Mother,	Mary A Evans
Mother's Maiden Name,	Ridy Rogerson
Mother's Birthplace,	England
Full Name of Father,	Morgan Evans
Father's Occupation,	Stevedore
Father's Birthplace.	England
Name of Medical Attendant, or other Person who makes this Return	H B Robb, MD
Address,	50 Warren ave
Remarks,	

HEALTH DEPARTMENT BALTIMORE

PRINTERS AND STATIONERS

NOTICE

The succeeding document was received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

RETURN OF A BIRTH.

82927

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
NOV 8 1895
BALTIMORE, MD

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* Color
3. *Date of Birth* 30
4. *Place of Birth (Street and Number)* Aisquith St no 20
5. *Full Name of Mother* Mary L. Green
6. *Mother's Maiden Name* Mary L. Hall
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Henry Green
9. *Father's Occupation* Boiler yard
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Address H. H. Smith no 108 Mulberry St.

Remarks

RETURN OF A BIRTH.

8928

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
NOV 13 1885
BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) white

3. Date of Birth Oct. 30th 1885

4. Place of Birth, (Street and Number) 358 Ann st.

5. Full Name of Mother, Mollie Taylor

6. Mother's Maiden Name, " Mc. Devitt

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Samuel Taylor

9. Father's Occupation, Collector

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs. C. Bernstein

Address, 49 S. Exeter st.

Remarks,

For each offence to be recovered as other fines and forfeitures are recovered.

A. Un. City Printers and Stationers.

RETURN OF A BIRTH

82929

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT, NOV 8 1885 BALTIMORE, MD

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4
1. Sex, (state whether male or female)	HILDA VIRGINIA Female
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	Oct. 30th/85
4. Place of Birth, (Street and Number)	549 Druid Hill Ave
5. Full Name of Mother,	FRANCES SARAH ~~Fanny~~ S. Scott
6. Mother's Maiden Name,	Bell
7. Mother's Birthplace,	Va
8. Full Name of Father,	WILLIAM THOMAS ~~W. T.~~ W. T. Scott
9. Father's Occupation,	Painter
10. Father's Birthplace,	Va
Name of Medical Attendant, or other Person who makes this Return	Thomas Opie M.D.
Address,	179 N Howard St
Remarks,	

PRINTER & STATIONER, BALT.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Oct 30, 1885

4. Place of Birth, (Street and Number) 22 S Carey St

5. Full Name of Mother, Matilda W McClatchey

6. Mother's Maiden Name, Matilda Newton

7. Mother's Birthplace, Washington D.C.

8. Full Name of Father, Alexander McClatchey

9. Father's Occupation, Furnace maker

10. Father's Birthplace, Md

Name of Medical Attendant, or other Person who makes this Return James Booby MD

Address, 319 Hollins St

Remarks,

HEALTH DEPARTMENT NOV 6 1885 BALTIMORE, MD.

to a fine of ten dollars for each offence, to be recovered as fines and penalties are now recovered.

PRINTERS AND STATIONERS.

RETURN OF A BIRTH

82931

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
NOV 10 1885
BALTIMORE, MD.

of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th
Sex, (state whether male or female)	Male
Race or Color, (if not of the white race)	Color
Date of Birth,	Saturday Oct 31st 188[illegible]
Place of Birth, (Street and Number)	14 Rose Stret Baltimore
Full Name of Mother,	Susan L. Winters.
Mother's Maiden Name,	Susan Lansing.
Mother's Birthplace,	Prince Georges County Maryland
Full Name of Father,	Franklin B. Winters.
Father's Occupation,	Private Waiter
Father's Birthplace,	Chambersburg, Franklin Co, Pennsylvania
Name of Medical Attendant, or other Person who makes this Return	Mrs Lucy Comish
Address,	No 13 Jordan Alley, Baltimore
Remarks,	

...RS AND STATIONERS

RETURN OF A BIRTH

8 7 9 3 2

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
NOV 9 1885
BALTIMORE, MD.

No. of Child of Mother, (state whether ~~1st, 2d, 3d, &c.~~) .....

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) white

3. Date of Birth, Oct 31st 1885

4. Place of Birth, (Street and Number) 50 Parkin St

5. Full Name of Mother, Mary E. Kelly

6. Mother's Maiden Name, " " Colbys

7. Mother's Birthplace, Laurel P. G. Co Md

8. Full Name of Father, Henry Kelly

9. Father's Occupation, Laborer

10. Father's Birthplace, Md

Name of Medical Attendant, or other Person who makes this Return. Susan L. Jackson

Address, 50 Parkin St

Remarks, all doing well

... City Printers and Stationers.

GIVEN NAME ADDED 8-14-49

52933

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Frank ~~Wilson~~ Mallonee

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11th

1. *Sex, (state whether male or female)* ~~Who~~ Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Oct 31, 1885
4. *Place of Birth, (Street and Number)* 73 S Mount St
5. *Full Name of Mother,* Hannah E Mallonee
6. *Mother's Maiden Name,* Hannah Emich
7. *Mother's Birthplace,* Ned
8. *Full Name of Father,* Wm Mallonee
9. *Father's Occupation,* Plasterer
10. *Father's Birthplace,* Ned

Name of Medical Attendant, or other Person who makes this Return James Bosley MD

Address, 319 Hollins St

Remarks,

HEALTH DEPARTMENT, NOV 6 1885 BALTIMORE, MD.

any person or persons who shall [illegible] to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

PRINTERS AND STATIONERS.

82934

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, NOV 6 1885 BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* 31 of October 1885
4. *Place of Birth, (Street and Number)* No. 313 Bhatt St ~~No. 3[illegible] Hamburg St~~
5. *Full Name of Mother,* Sophy Ranerd
6. *Mother's Maiden Name,* Sophy Jingkam
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Louis Ranerd
9. *Father's Occupation,* Cigar maker
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Sabina Greshaber

Address, No. 128 West St

Remarks,

for each offence to be recovered as other fines and [illegible]

& Co., City Printers and Stationers.

RETURN OF A BIRTH

8293 5

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, NOV 6 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1. first

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) white

3. Date of Birth, October 31 — 1885

4. Place of Birth, (Street and Number) 253. Franklin st.

5. Full Name of Mother, Helene Krummholz.

6. Mother's Maiden Name, Helene Krummholz

7. Mother's Birthplace, Germany

8. Full Name of Father, George Krummholz

9. Father's Occupation, Shoemaker

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Mrs. Kunigunda Schliefer

Address, 20. Columbia Ave.

Remarks,

for each offence to be recovered

, City Printers and Stationers.

RETURN OF A BIRTH

82936

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3. Birth

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) white

3. Date of Birth, October 31 1885

4. Place of Birth, (Street and Number) 54 Ridgely St.

5. Full Name of Mother, Alma H. Wurst

6. Mother's Maiden Name, Alma Bruckner

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Martin Wurst

9. Father's Occupation, Jeweler

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Mrs. Kunigunda Schlifer

Address, 20 Columbia Ave.

Remarks,

HEALTH DEPARTMENT, NOV 6 1885 BALTIMORE, MD.

..., City Printers and Stationers.

NOTICE

The succeeding documents were received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

NOTICE

The succeeding documents were received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

CERTIFICATE CORRECTED 9-11-85 22937

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Ida Ebley 11

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth, Oct 9

4. Place of Birth, (Street and Number) No 474 N Gay St

5. Full Name of Mother, Ella Ebley

6. Mother's Maiden Name, " Shuffield

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Henry Ebley

9. Father's Occupation, Potter

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return, Mrs Julia Groom

Address, 466 N Gay st

Remarks,

HEALTH DEPARTMENT NOV 15 1885 BALTIMORE MD

..., City Printers and Stationers.

82938

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6 Child

1. Sex, (state whether male or female) Male

Race or Color, (if not of the white race)

Date of Birth, Nov 1 1885.

Place of Birth, (Street and Number) 344 William st

Full Name of Mother, Apolonia Lampe.

Mother's Maiden Name, Freiberger.

Mother's Birthplace, Germany.

Full Name of Father, Henry Lampe.

9. Father's Occupation, Store keeper.

10. Father's Birthplace, Germany.

Name of Medical Attendant, or other Person who makes this Return. J. Lohwasser Midwife.

Address, 330 Hanover st.

Remarks,

HEALTH DEPARTMENT
NOV 1 1885
BALTIMORE MD

or persons who shall hereafter fail to comply with the provisions ... for each offence to be recovered as other fines and forfeitures are recoverable.

...o., City Printers ... Stationers.

82939

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6 sixth Child

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, November 1st 1885

4. Place of Birth, (Street and Number) 88 S. Collington ave.

5. Full Name of Mother, Martha Jane Fowler

6. Mother's Maiden Name, M Chard

7. Mother's Birthplace, A A County

8. Full Name of Father, Richard Francis Fowler

9. Father's Occupation, Labor

10. Father's Birthplace, A A County

Name of Medical Attendant, or other Person who makes this Return. Nis Wiley

Address, No 12 Patterson Park av

Remarks,

HEALTH DEPARTMENT, NOV 12 1885 BALTIMORE, MD.

for each offence to be recovered as prescribed by the Act of Assembly

, City Printers and Stationers.

RETURN OF A BIRTH

82940

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) Male and Female (twins)

2. Race or Color, (if not of the white race)

3. Date of Birth, 1st of November

4. Place of Birth, (Street and Number) 23 High St

5. Full Name of Mother, Delia French

6. Mother's Maiden Name, Gilmore

7. Mother's Birthplace, Ireland

8. Full Name of Father, John French

9. Father's Occupation, Grocery-store

10. Father's Birthplace, Ireland

Name of Medical Attendant, or other Person who makes this Return, Sarah Casper

Address, 72 E. Leonard St

Remarks,

HEALTH DEPARTMENT, NOV 13 1885 BALTIMORE, MD.

, City Printers and Stationers.

RETURN OF A BIRTH.

829411

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
NOV 4 1885
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 9th

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth 1 of November 1885

4. Place of Birth, (Street and Number) No 11 Canton Street

5. Full Name of Mother, Amelia Stein

6. Mother's Maiden Name, Amelia Federicka

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Charles Stein

9. Father's Occupation, Sailor

10. Father's Birthplace, Hanover

Name of Medical Attendant, or other Person who makes this Return. Mrs Christina Sauer

Address, 113 Harford Ave

Remarks, 1885

for each offence to be recovered as other fines and penalties

& Co., City Printers and Stationers.

829412

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
NOV 5 1885
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Nov 1 1885
4. *Place of Birth, (Street and Number)* 521 W Balto
5. *Full Name of Mother,* Minnie Hartz
6. *Mother's Maiden Name,* Minnie Lowenthal
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Samuel Hartz
9. *Father's Occupation,* Merchant
10. *Father's Birthplace,* City

Name of Medical Attendant, or other Person who makes this Return A B Gerold MD

Address,

Remarks,

to a fine of ten dollars for each offence, as is required

NTERS AND STATIONERS.

8294 3

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPT. NOV 4 1885 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	8 November 1885
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	White
3. Date of Birth	November 1885
4. Place of Birth, (Street and Number)	No 56 Camden St
5. Full Name of Mother,	Rachel Ann Himell
6. Mother's Maiden Name,	Rachel Ann Taylor
7. Mother's Birthplace,	Harford County
8. Full Name of Father,	Moses Himell
9. Father's Occupation,	Porter
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Mrs M R Caskey
Address,	No 16 Heath St
Remarks,	Doing well

...or persons who shall neglect ... for each offence to be recovered as other fines and forfeitures are recovered.

...A Co., City Printers and Stationers.

RETURN OF A BIRTH.

83944

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, NOV 6 1885 BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth 1st March 1885

4. Place of Birth, (Street and Number) No 3 Lafayette St

5. Full Name of Mother, Maggie Gang

6. Mother's Maiden Name, Maggie Frank

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Joseph Gang

9. Father's Occupation, Black Smith

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Sabina Graham

Address, No 128 West St

Remarks,

Co., City Printers and Stationers.

82945

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT, NOV 6 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* Negro
3. *Date of Birth* Nov. 1-85
4. *Place of Birth (Street and Number)* 95 Jasper st
5. *Full Name of Mother* Mary Francis Dickerson
6. *Mother's Maiden Name* Mary Francis Ford
7. *Mother's Birthplace* St Mary's Co. Maryland
8. *Full Name of Father* Haverland Dickerson
9. *Father's Occupation* Smoker of meats
10. *Father's Birthplace* St. Mary's Co Maryland

Name of Medical Attendant, or other Person who makes this Return. H Boyd Wylie MD

Address 198 Saratoga st. Balto

Remarks

RETURN OF A BIRTH

8 2946

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) Brown complexion

3. Date of Birth, November 1st 1885

4. Place of Birth, (Street and Number) 80 Lemon St

5. Full Name of Mother, Mary Brooks

6. Mother's Maiden Name, " Harris

7. Mother's Birthplace, Baltimore City

8. Full Name of Father, John Brooks

9. Father's Occupation, Waiter

10. Father's Birthplace, Howard Co, Md.

Name of Medical Attendant, or other Person who makes this Return. Amelia Johnson

Address, 6 Hamilton St

Remarks,

HEALTH DEPARTMENT
NOV 6 1885
BALTIMORE, MD.

City Printers and Stationers.

RETURN OF A BIRTH. 82947

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 7

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth* No. 1, 1885
4. *Place of Birth, (Street and Number)* 196 Harford Av.
5. *Full Name of Mother,* Annie Robison
6. *Mother's Maiden Name,* Trageser
7. *Mother's Birthplace,* Balto. Md.
8. *Full Name of Father,* Frank. Robison
9. *Father's Occupation,* Shoemaker
10. *Father's Birthplace,* Balto. Md.

Name of Medical Attendant, or other Person who makes this Return. Caroline Miller

Address, #5 Walker St. Balto. Md

Remarks,

HEALTH DEPARTMENT NOV 6 1885 BALTIMORE, MD.

for each Chance to be Registered

Co., City Printers and Stationers.

RETURN OF A BIRTH

82948

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, NOV 7 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, Nov 1. 1885.

4. Place of Birth, (Street and Number) 134. Caroline. st

5. Full Name of Mother, Mary. Hanson.

6. Mother's Maiden Name, Mary. Pritchard.

7. Mother's Birthplace, Eastern. Co. Md.

8. Full Name of Father, James. B. Hanson.

9. Father's Occupation, Sabor.

10. Father's Birthplace, Back. river. Neck.

Name of Medical Attendant, or other Person who makes this Return. Susan. Morgan.

Address, No. 47. North. Durham. st

Remarks, Mother-dangerous.

City Printers and Stationers.

RETURN OF A BIRTH

82949

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st Child

HEALTH DEPARTMENT, NOV 7 1885 BALTIMORE, MD.

1. Sex, (state whether male ~~or female~~) [illegible]
2. Race or Color, (if not of the white race) White
3. Date of Birth, November 5th, 1885
4. Place of Birth, (Street and Number) N. Eden St. No 16.
5. Full Name of Mother, Maggie Glaser
6. Mother's Maiden Name, Maggie Glaser
7. Mother's Birthplace, Balto City
8. Full Name of Father, Eduard Glaser
9. Father's Occupation, Tavern Keeper
10. Father's Birthplace, Wollin N. Prussia Germany

Name of Medical Attendant, or other Person who makes this Return, Mary E. Miller

Address, N. Dallas St. No 26

Remarks,

City Printers and Stationers.

82950

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, NOV 15 1885 BALTIMORE, MD

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth July 15th
4. Place of Birth, (Street and Number) 8124 E Pratt St
5. Full Name of Mother, Lizzie Lee Masons
6. Mother's Maiden Name, " " Ward
7. Mother's Birthplace, Lebanon Penn
8. Full Name of Father, William Emmers Masons
9. Father's Occupation, Waterman
10. Father's Birthplace, Wicomico Co Md

Name of Medical Attendant, or other Person who makes this Return. G. G. Lusk M. D.

Address, 392 E. Balt. St.

Remarks, Natural delivery

Co., City Printers and Stationers.

82951

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
NOV 8 1885
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
Sex, (state whether male or female)	Boy
Race or Color, (if not of the white race)	White
Date of Birth,	Nov. 2d 85
Place of Birth, (Street and Number)	79 N. Eutaw St
Full Name of Mother,	Annie T. Cushman
Mother's Maiden Name,	Saffell
Mother's Birthplace,	Wash^n D.C.
Full Name of Father,	Frederick A. Cushman
Father's Occupation,	Steward at Barnums Hotel
Father's Birthplace,	New York
Name of Medical Attendant, or other Person who makes this Return	Thomas Opie M.D.
Address,	179 N Howard St
Remarks,	

NTER & STATIONER, BALT.

RETURN OF A BIRTH

89952

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
NOV 6 1895
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11th

1. *Sex, (state whether male or female)* Male

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* Nov 2nd 1895

4. *Place of Birth, (Street and Number)* 313 N Ann St

5. *Full Name of Mother,* Mary C Bowen

6. *Mother's Maiden Name,* " " Thomas

7. *Mother's Birthplace,* West Island

8. *Full Name of Father,* Wm C Bowen

9. *Father's Occupation,* Grocer & Dealer

10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Theodore Cook M.D.

Address, 46 Hanover St

Remarks,

for each offence to be recovered as other fines and forfeitures are recovered.

o., City Printers and Stationers.

RETURN OF A BIRTH

8293

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11 Child

1. Sex, (state whether male or female) Little Boy

2. Race or Color, (if not of the white race) White

3. Date of Birth, 2th of September

4. Place of Birth, (Street and Number) No 811 west Pratt

5. Full Name of Mother, Mrs. Schiller

6. Mother's Maiden Name, Miss. Mary. Engel

7. Mother's Birthplace, Born Baltimore

8. Full Name of Father, Mr Friedrich. Schiller

9. Father's Occupation, Sadler. Maker

10. Father's Birthplace, west Prussia Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs Killer

Address, 1017 west Pratt st city

Remarks,

HEALTH DEPARTMENT NOV 5 1893 BALTIMORE MD

City Printers and Stationers.

RETURN OF A BIRTH.

82954

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) the First Childe

1. Sex, (state whether male or female) Female Childe

2. Race or Color, (if not of the white race) Colorde

3. Date of Birth the 2 of November the

4. Place of Birth, (Street and Number) No. 203. Hanover

5. Full Name of Mother, Amelia Butler

6. Mother's Maiden Name, Amelia Butler

7. Mother's Birthplace, Charl. C.O.

8. Full Name of Father, Alfred Butler

9. Father's Occupation, Saller, C.O.

10. Father's Birthplace, Charl.

Name of Medical Attendant, or other Person who makes this Return. Milley Gross

Address, No. 181. York. Street in the of. 1885.

Remarks,

HEALTH DEPART... NOV 6 1885 BALTIMORE, MD.

...o., City Printers and Stationers.

RETURN OF A BIRTH.

83955

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
NOV 6 1885
BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) female.
2. Race or Color, (if not of the white race) Colord.
3. Date of Birth 2 November.
4. Place of Birth, (Street and Number) 123 Melcomealy
5. Full Name of Mother, Jennie Brooks.
6. Mother's Maiden Name, Jennie Henry
7. Mother's Birthplace, Virginia
8. Full Name of Father, Abram Brooks
9. Father's Occupation, Brick maker.
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. Milley Gross.

Address, 181 York Street

Remarks,

Co., City Printers and Stationers.

RETURN OF A BIRTH.

82956

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 9

1. Sex, (state whether male or female) Male

Race or Color, (if not of the white race) Mulatto

3. Date of Birth 24th November

4. Place of Birth, (Street and Number) No 357 Sharp St

5. Full Name of Mother, Kate Hughes

6. Mother's Maiden Name, Kate Logan

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Edward Hughes

9. Father's Occupation, Black Smith

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Sabina Geschickter

Address, No 928 Wilk St

Remarks,

HEALTH DEPARTMENT, NOV 6 1885 BALTIMORE, MD.

for each offence to be recovered as other fines and forfeitures are recovered.

A Co., City Printers and Stationers.

RETURN OF A BIRTH.

8297

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) white

3. Date of Birth Nov. 2nd 1885

4. Place of Birth, (Street and Number) 39 S. Exeter st.

5. Full Name of Mother, Martha Hammonde

6. Mother's Maiden Name, " Hodges

7. Mother's Birthplace, Virginia

8. Full Name of Father, Nicholous Hammonde

9. Father's Occupation, Store-Keeper

10. Father's Birthplace, Virginia

Name of Medical Attendant, or other Person who makes this Return. Mrs. L. Bernstein

Address, 49 S. Exeter st.

Remarks,

HEALTH DEPARTMENT
NOV 13 1885
BALTIMORE, MD.

City Printers and Stationers.

RETURN OF A BIRTH

82958

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
NOV 5 1885
BALTIMORE MD

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

Sex, (state whether male or female) Male

Race or Color, (if not of the white race) White

Date of Birth, November 2nd 1885

Place of Birth, (Street and Number) 132 S. Sharp st.

Full Name of Mother, Fanny D. Allen

Mother's Maiden Name, " " Dixon

Mother's Birthplace, Accomac Co Va.

Full Name of Father, Robt. Henry Allen

Father's Occupation, Button Hole Operator

Father's Birthplace, England

Name of Medical Attendant, or other Person who makes this Return Harvey Hill M.D.

Address, 127 Arlington ave.

Remarks,

..., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

82959

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* Saturday November 1885 34
4. *Place of Birth, (Street and Number)* Stocton st # 30
5. *Full Name of Mother,* Annie robinson
6. *Mother's Maiden Name,* Annie James
7. *Mother's Birthplace,* Prince George County
8. *Full Name of Father,* William robinson
9. *Father's Occupation,* Laber
10. *Father's Birthplace,* Baltimore City

Name of Medical Attendant, or other Person who makes this Return Cholly Proctor M.D. Phil

Address, # 10 Carton st

Remarks,

HEALTH DEPARTMENT, OCT 27 1885 BALTIMORE

...TERS AND STATIONERS.

RETURN OF A BIRTH

8296a

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
NOV 13 1885
BALTIMORE, MD

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4
Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	
3. Date of Birth,	2nd of November
4. Place of Birth, (Street and Number)	21 Philpot St.
5. Full Name of Mother,	Rose Jäger
6. Mother's Maiden Name,	Bentz
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	William Jäger
9. Father's Occupation,	Laborer
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Sarah Casper
Address,	72 E. Lombard St.
Remarks,	

City Printers and Stationers.

NOTICE

The succeeding document was received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

RETURN OF A BIRTH

82961

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
NOV 12 1885
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Second of November 1885
4. Place of Birth, (Street and Number) 117 N. Howard St Baltimore
5. Full Name of Mother, Susanna Coolahan
6. Mother's Maiden Name, Susanna Vickers
7. Mother's Birthplace, Baltimore City
8. Full Name of Father, Martin P. Coolahan
9. Father's Occupation, [illegible] Shoe Maker
10. Father's Birthplace, Ireland

Name of Medical Attendant, or other Person who makes this Return. Susan Hunter

Address, 21 Noppelton St

Remarks,

Printers and Stationers.

8996

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, NOV 12 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Nov 2nd 1885

4. Place of Birth, (Street and Number) 16 Aisquith St

5. Full Name of Mother, Emma Agnes Whelan

6. Mother's Maiden Name, Ella A. Conroy

7. Mother's Birthplace, Ireland

8. Full Name of Father, James Jos. Whelan

9. Father's Occupation, Clerk

10. Father's Birthplace, Ireland

Name of Medical Attendant, or other Person who makes this Return. James E Donnelly MD

Address, 299 E Baltimore St.

Remarks,

Persons who shall hereafter fail to comply with the provisions of this Section, or persons who shall hereafter fail to comply with the provisions of this Section, for each offence to be recovered as other fines and forfeitures are recoverable.

& Co., City Printers and Stationers.

NOTICE

The succeeding document was received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

RETURN OF A BIRTH

82963

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

Sex, (state whether male or female) Male

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* 3d of November

4. *Place of Birth, (Street and Number)* 580 W Lombard St

5. *Full Name of Mother,* Elizabeth E. H. Parsons

6. *Mother's Maiden Name,* Eliz. E. H. Miles

7. *Mother's Birthplace,* Baltimore

8. *Full Name of Father,* James F. Parsons

9. *Father's Occupation,* Fireman

10. *Father's Birthplace,* Richmond Va

Name of Medical Attendant, or other Person who makes this Return. B. Fetterman M.D.

Address, 175 N Carey St

Remarks,

HEALTH DEPARTMENT
NOV 11 1885
BALTIMORE, MD.

Report is duly to be made to the Registrar of Vital Statistics, Board of Health, Baltimore City, by the Physician, Midwife, or other Person in attendance, or by the Father or Mother of the child, or by the Householder in whose house the birth occurs, or by the Undertaker who buries the child, or by the Sexton of the burial ground in which the child is buried, or by the Clergyman who performs the funeral service, or by the Coroner who holds an inquest upon the body of the child, or by the Keeper of the Alms House, Penitentiary, Jail, Prison, or other public institution in which the birth occurs, or by the Keeper of the Lying-in Asylum, Hospital, or other private institution in which the birth occurs, or by the Keeper of the Boarding House in which the birth occurs, or by the Master of the Vessel on board of which the birth occurs, or by the Agent of the Steamboat or Railroad Company on board of which the birth occurs, or by the Conductor of the Train of Cars on board of which the birth occurs, or by the Captain of the Steamboat on board of which the birth occurs, or by the Agent of the Express Company on board of which the birth occurs, or by the Agent of the Telegraph Company on board of which the birth occurs, or by the Agent of the Telephone Company on board of which the birth occurs, or by the Agent of the Gas Company on board of which the birth occurs, or by the Agent of the Water Company on board of which the birth occurs, or by the Agent of the Electric Light Company on board of which the birth occurs, or by the Agent of the Street Railway Company on board of which the birth occurs, or by the Agent of the Omnibus Company on board of which the birth occurs, or by the Agent of the Ferry Company on board of which the birth occurs, or by the Agent of the Bridge Company on board of which the birth occurs, or by the Agent of the Toll Road Company on board of which the birth occurs, or by the Agent of the Turnpike Company on board of which the birth occurs, or by the Agent of the Plank Road Company on board of which the birth occurs, or by the Agent of the Macadamized Road Company on board of which the birth occurs, or by the Agent of the Gravel Road Company on board of which the birth occurs, or by the Agent of the Dirt Road Company on board of which the birth occurs, or by the Agent of the Corduroy Road Company on board of which the birth occurs, or by the Agent of the Log Road Company on board of which the birth occurs, or by the Agent of the Brush Road Company on board of which the birth occurs, or by the Agent of the Fascine Road Company on board of which the birth occurs, or by the Agent of the Gabion Road Company on board of which the birth occurs, or by the Agent of the Sand Road Company on board of which the birth occurs, or by the Agent of the Clay Road Company on board of which the birth occurs, or by the Agent of the Loam Road Company on board of which the birth occurs, or by the Agent of the Peat Road Company on board of which the birth occurs, or by the Agent of the Muck Road Company on board of which the birth occurs, or by the Agent of the Swamp Road Company on board of which the birth occurs, or by the Agent of the Marsh Road Company on board of which the birth occurs, or by the Agent of the Bog Road Company on board of which the birth occurs, or by the Agent of the Fen Road Company on board of which the birth occurs, or by the Agent of the Moor Road Company on board of which the birth occurs, or by the Agent of the Heath Road Company on board of which the birth occurs, or by the Agent of the Down Road Company on board of which the birth occurs, or by the Agent of the Wold Road Company on board of which the birth occurs, or by the Agent of the Chalk Road Company on board of which the birth occurs, or by the Agent of the Limestone Road Company on board of which the birth occurs, or by the Agent of the Sandstone Road Company on board of which the birth occurs, or by the Agent of the Granite Road Company on board of which the birth occurs, or by the Agent of the Slate Road Company on board of which the birth occurs, or by the Agent of the Marble Road Company on board of which the birth occurs, or by the Agent of the Basalt Road Company on board of which the birth occurs, or by the Agent of the Trap Road Company on board of which the birth occurs, or by the Agent of the Porphyry Road Company on board of which the birth occurs, or by the Agent of the Serpentine Road Company on board of which the birth occurs, or by the Agent of the Soapstone Road Company on board of which the birth occurs, or by the Agent of the Talc Road Company on board of which the birth occurs, or by the Agent of the Mica Road Company on board of which the birth occurs, or by the Agent of the Feldspar Road Company on board of which the birth occurs, or by the Agent of the Quartz Road Company on board of which the birth occurs, or by the Agent of the Hornblende Road Company on board of which the birth occurs, or by the Agent of the Augite Road Company on board of which the birth occurs, or by the Agent of the Olivine Road Company on board of which the birth occurs, or by the Agent of the Garnet Road Company on board of which the birth occurs, or by the Agent of the Tourmaline Road Company on board of which the birth occurs, or by the Agent of the Zircon Road Company on board of which the birth occurs, or by the Agent of the Topaz Road Company on board of which the birth occurs, or by the Agent of the Beryl Road Company on board of which the birth occurs, or by the Agent of the Emerald Road Company on board of which the birth occurs, or by the Agent of the Ruby Road Company on board of which the birth occurs, or by the Agent of the Sapphire Road Company on board of which the birth occurs, or by the Agent of the Diamond Road Company on board of which the birth occurs, or by the Agent of the Carbon Road Company on board of which the birth occurs, or by the Agent of the Graphite Road Company on board of which the birth occurs, or by the Agent of the Coal Road Company on board of which the birth occurs, or by the Agent of the Anthracite Road Company on board of which the birth occurs, or by the Agent of the Bituminous Road Company on board of which the birth occurs, or by the Agent of the Lignite

RETURN OF A BIRTH,

8296

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT, NOV 9 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. Sex (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth Monday Nov 3d 1885.
4. Place of Birth, (Street and Number) No 450 W. Henry St
5. Full Name of Mother Louise Kraemer
6. Mother's Maiden Name Louise Smith
7. Mother's Birthplace Maryland
8. Full Name of Father George Kraemer
9. Father's Occupation Laborer
10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Catherine Wall.

Address No 57 Barre St

Remarks

RETURN OF A BIRTH

82965

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Given Name – Clara

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Nov 3rd 1885
4. Place of Birth, (Street and Number) 261 Sharp St
5. Full Name of Mother, Clara Voth
6. Mother's Maiden Name, " Marshall
7. Mother's Birthplace, Germany
8. Full Name of Father, Emory Voth
9. Father's Occupation, Tailor
10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return. Theodore Cooke M.D.

Address, 14 Hanover

Remarks, GIVEN NAME ADDED 11-30-85 h.m.

HEALTH DEPARTMENT, NOV 8 1885 BALTIMORE, MD.

City Printers and Stationers.

RETURN OF A BIRTH

82966

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st Child

1. Sex, (state whether male ~~or female~~)

2. Race or Color, (if not of the white race) White

3. Date of Birth, November the 3. 1885

4. Place of Birth, (Street and Number) N. Bond St. No. 178.

5. Full Name of Mother, Anna Goldstein

6. Mother's Maiden Name, Anna Müller

7. Mother's Birthplace, Sere. Kr. Russia Europa

8. Full Name of Father, Salomon Goldstein

9. Father's Occupation, Laborer

10. Father's Birthplace, Sere. Kr. Russie. Europa

Name of Medical Attendant, or other Person who makes this Return. Mary E. Miller

Address, N. Dallas St. No. 26

Remarks,

HEALTH DEPARTMENT
NOV 7 1885
BALTIMORE, MD.

City Printers and Stationers.

12967

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Nov. 3d 1885
4. Place of Birth, (Street and Number) 473 N. Fremont
5. Full Name of Mother, Florence Fisher
6. Mother's Maiden Name, Bond
7. Mother's Birthplace, Balto. City
8. Full Name of Father, Chas. W. Fisher
9. Father's Occupation, Carpenter
10. Father's Birthplace, Balto. City

Name of Medical Attendant, or other Person who makes this Return J. H. Christian M.D.

Address, 506 Mad. Ave.

Remarks,

HEALTH DEPARTMENT NOV 7 1885 BALTIMORE, MD.

...RKS AND STATIONERS.

83968

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, NOV 6 1885 BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* 3 of N. [illegible]
4. *Place of Birth, (Street and Number)* No 80 Hamburg St
5. *Full Name of Mother,* Nettie Adams
6. *Mother's Maiden Name,* Nettie Crown
7. *Mother's Birthplace,* Fredrick County
8. *Full Name of Father,* William Adams
9. *Father's Occupation,* Papper maker
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Sabina Greshaber

Address, No 128 West St

Remarks,

Co., City Printers and Stationers.

RETURN OF A BIRTH.

8299

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth Nov. 3. 1885

4. Place of Birth, (Street and Number) 83 N. Washington st.

5. Full Name of Mother, Mrs. Hannah Glos

6. Mother's Maiden Name, Miss " Otto

7. Mother's Birthplace, Balt. Md.

8. Full Name of Father, Peter F. Glos

9. Father's Occupation, Provision Dealer

10. Father's Birthplace, Balt. Md.

Name of Medical Attendant, or other Person who makes this Return. G. G. Lusk M. D.

Address, 392 E. Balt. st.

Remarks, Natural delivery

HEALTH DEPARTMENT
NOV 15 1885
BALTIMORE MD

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82970

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT NOV 4 1885 BALTIMORE MD

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5tes

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth. 3te of November 1885.
4. Place of Birth, (Street and Number) No 46 S. Canal Street.
5. Full Name of Mother, Louise Flinzmann.
6. Mother's Maiden Name, Louise Klinder
7. Mother's Birthplace, Germany
8. Full Name of Father, Wilhelm Flinzmann
9. Father's Occupation, Laborer
10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return Mrs Ida Hill Midwife

Address, No 43 N. Castle Street

Remarks,

any person or persons who shall [illegible] to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recovered.

PRINTERS AND STATIONERS.

82971

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT NOV 4 1885 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White.
3. *Date of Birth* 3th of November
4. *Place of Birth, (Street and Number)* No 30 Castle street
5. *Full Name of Mother,* Emma Herfle
6. *Mother's Maiden Name,* Emma Gordon
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* George Herfle.
9. *Father's Occupation,* Capper.
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs. E. Fray.

Address, 173 South Chester

Remarks, Healthy Child.

be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

orphy & Co., City Printers and Stationers.

82972

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, NOV 13 1885 BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4th
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth*	Nov 3rd 1885
4. *Place of Birth, (Street and Number)*	137 William st
5. *Full Name of Mother,*	Julia Mitchell
6. *Mother's Maiden Name,*	Julia Stafford.
7. *Mother's Birthplace,*	Baltimore.
8. *Full Name of Father,*	John W. Mitchell.
9. *Father's Occupation,*	Porter.
10. *Father's Birthplace,*	Baltimore.
Name of Medical Attendant, or other Person who makes this Return.	Mrs M A Cottrell
Address,	85 Cross st.
Remarks,	

or persons who shall hereafter fail to comply with the provisions of this section, shall be subject for each offence to be recovered as other fines and forfeitures are recoverable.

& Co., City Printers and Stationers.

RETURN OF A BIRTH

8297

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1 [redacted] 14
2. *Sex, (state whether male or female)* Boy
3. *Race or Color, (if not of the white race)* Colored
4. *Date of Birth,* November 11th 1885
5. *Place of Birth, (Street and Number)* China St near 28
6. *Full Name of Mother,* Elizebeth Hughes.
7. *Mother's Maiden Name,* Elizebeth Carpenter
8. *Mother's Birthplace,* Virginia
9. *Full Name of Father,* Daniel Hughes.
10. *Father's Occupation,* Drayman
11. *Father's Birthplace,* Baltimore MD
12. *Name of Medical Attendant, or other Person who makes this Return.* Harper H Fry
13. *Address,* 78. Wilcox Alley near Hanover
14. *Remarks,*

HEALTH DEPARTMENT
NOV 12 1885
BALTIMORE, MD.

of persons who shall [illegible] for each offence to be recovered as other fines and forfeitures are recoverable.

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82974

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, NOV 11 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex, (state whether male or female)* [illegible]
2. *Race or Color, (if not of the white race)* Colo[illegible]
3. *Date of Birth,* 4 [illegible]
4. *Place of Birth, (Street and Number)* Tallis st No 64.
5. *Full Name of Mother,* Mrs. Susan Parker
6. *Mother's Maiden Name,* Miss Susan Thomas
7. *Mother's Birthplace,* St Michals Easton Shore. Md
8. *Full Name of Father,* Mr. Louis Parker
9. *Father's Occupation,* Oyster Shucker
10. *Father's Birthplace,* Savannah Georgia

Name of Medical Attendant, or other Person who makes this Return. Elizabeth Mondorny

Address,

Remarks,

for each offence to be recovered as other fines and forfeitures are recoverable.

, City Printers and Stationers.

RETURN OF A BIRTH.

82975

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, NOV 10 1885 BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) One Child

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored Race
3. *Date of Birth* Nov 4 1885
4. *Place of Birth, (Street and Number)* 27 Feilet St
5. *Full Name of Mother,* Fannie Sims
6. *Mother's Maiden Name,* Fannie Lee
7. *Mother's Birthplace,* Harford Co
8. *Full Name of Father,* William Sims
9. *Father's Occupation,* Labor
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Lukendie Wolford

Address, 130 Register St

Remarks,

for each offence to be recovered as other fines and forfeitures are recoverable.

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82976

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, NOV 8 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Nov 4th 1885
4. *Place of Birth, (Street and Number)* No 742 Hanover St
5. *Full Name of Mother,* Catherine Blotenberger
6. *Mother's Maiden Name,* Catherine Hooker
7. *Mother's Birthplace,* Baltimore city md
8. *Full Name of Father,* Jacob Blotenberger
9. *Father's Occupation,* Labourer
10. *Father's Birthplace,* Baltimore Co md

Name of Medical Attendant, or other Person who makes this Return. E. Hinton

Address, No 688 South Charles St

Remarks,

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

J. Co., City Printers and Stationers

82977

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
NOV 7 1885
BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5th.

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth* Nov. 4. 1885
4. *Place of Birth, (Street and Number)* 41 Fairmount Ave.
5. *Full Name of Mother,* Mrs. Caroline Wilhelmina Gustavus
6. *Mother's Maiden Name,* Miss " " Aberle
7. *Mother's Birthplace,* Wildbad Germany.
8. *Full Name of Father,* Peter Gustavus
9. *Father's Occupation,* Ship-Broker
10. *Father's Birthplace,* Vegesack, Germany

Name of Medical Attendant, or other Person who makes this Return. G. G. Luck Jr. D.

Address, 392 E. Balt. St.

Remarks, Natural delivery

...be it attendance upon the mother, immediately, in the manner and within the period above required, and any such person report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

...phy & Co., City Printers and Stationers.

82978

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, NOV 7 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Eleventh

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Nov. 4th 1885.
4. Place of Birth, (Street and Number) 419 Pen. Ave.
5. Full Name of Mother, Letitia Staenglen
6. Mother's Maiden Name, Wood
7. Mother's Birthplace, England
8. Full Name of Father, Gustavus Adolphus Staenglen
9. Father's Occupation, Carpenter
10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return J. H. Christian M.D.

Address, 506 Mad. Ave.

Remarks,

any person or persons who shall mutilate, fail to comply with the provisions of this section, shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

INTERS AND STATIONERS.

RETURN OF A BIRTH

82979

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st Child

1. Sex, (state wheither male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, 4th of November 1885.
4. Place of Birth, (Street and Number) 78 Fairmount Ave Washington
5. Full Name of Mother, Sophie Jüngling
6. Mother's Maiden Name, Sophie Webber
7. Mother's Birthplace, Baltimore
8. Full Name of Father, William Webber
9. Father's Occupation, Butcher
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. Cresantia Kunkel

Address, 71 North Chapel st for Justina Kunkel

Remarks, Healthy

BOARD OF HEALTH DEPARTMENT NOV 6 1885 BALTIMORE

be in attendance upon the mother, immediately thereafter it shall become the duty of the person in charge of such case, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH

82980

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
NOV 6 1885
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. [redacted] (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Nov 6th 1885

4. Place of Birth, (Street and Number) 22½ Lee St

5. Full Name of Mother, Mary Gilfuth

6. Mother's Maiden Name, Sheridan

7. Mother's Birthplace, Ireland

8. Full Name of Father, Jno. J. Gilfuth

9. Father's Occupation, Marble Cutter

10. Father's Birthplace, Ireland

[redacted] of Medical Attendant, or other Person who makes this Return Chas. D. Smith M.D.

Address, 158 Hanover St

Remarks,

PRINTERS AND STATIONERS

82981

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth 4 of November 1885
4. Place of Birth, (Street and Number) 28 Willow
5. Full Name of Mother, Alice Norton
6. Mother's Maiden Name, Alice Wallen
7. Mother's Birthplace, Ireland
8. Full Name of Father, John Norton
9. Father's Occupation, J Firemann Eltrich Co
10. Father's Birthplace, Ireland

Name of Medical Attendant, or other Person who makes this Return. Mrs Sauer Ch. Sauer

Address, 173 Hearford Ave

Remarks, 1885

HEALTH DEPARTMENT, NOV 5 1885 BALTIMORE, MD.

for each office to be recorded as soon as [illegible]

Co., City Printers and Stationers.

82982

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third.

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) White
3. Date of Birth, Nov. 4. 1885
4. Place of Birth, (Street and Number) 29 S. Poppleton St.
5. Full Name of Mother, Annie Wiegman
6. Mother's Maiden Name, Annie Hette.
7. Mother's Birthplace, Baltimore. Md.
8. Full Name of Father, Henry Wiegman
9. Father's Occupation, Laborer.
10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other Person who makes this Return G C Shannon M.D.

Address, 167 W Biddle St.

Remarks, Six & half month child still living

HEALTH DEPARTMENT, NOV 5 1885 BALTIMORE, MD.

duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

TY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

8 2983

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, NOV 13 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	4th of Nov
4. *Place of Birth, (Street and Number)*	60 President St.
5. *Full Name of Mother,*	Rose Lorw
6. *Mother's Maiden Name,*	Donvinky
7. *Mother's Birthplace,*	Italy
8. *Full Name of Father,*	Antono Lorw
9. *Father's Occupation,*	Musician
10. *Father's Birthplace,*	Italy
Name of Medical Attendant, or other Person who makes this Return.	Sarah Casper
Address,	72 E. Lombard St.
Remarks,	

Report to be made to the Commissioners or person who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH. 82984

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) .....

1. *Sex, (state whether male or female)* Boy

● *Race or Color, (if not of the white race)* .....

3. *Date of Birth* 4th Nov.

4. *Place of Birth, (Street and Number)* 44 Exeter St

5. *Full Name of Mother,* Rosa Star

6. *Mother's Maiden Name,* Rosa Barnas

7. *Mother's Birthplace,* Russia

8. *Full Name of Father,* Abraham Star

9. *Father's Occupation,* Agent

10. *Father's Birthplace,* Russia

● *Name of Medical Attendant,* or other Person who makes this Return. Wm Louis Johnson

Address, 1028 Eutaw St Baltimore

Remarks, ...

HEALTH DEPARTMENT, NOV 12 1885 BALTIMORE, MD.

for each offence to be recovered as other fines and forfeitures are recoverable.

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82985

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, NOV 12 1885 BALTIMORE, MD

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 6 bird

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Nov 5th 1885
4. Place of Birth, (Street and Number) 55 S Chester st
5. Full Name of Mother, Marry Garrison
6. Mother's Maiden Name, Kreiden
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Thomas Garrison
9. Father's Occupation, Ship carptener
10. Father's Birthplace, Donne County

Name of Medical Attendant, or other Person who makes this Return. Mis Wiley

Address, 4 & 12 Patterson Park av

Remarks,

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH.

B2986

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
NOV 11 1885
BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) Colod

3. Date of Birth 5th of november

4. Place of Birth, (Street and Number) Seldom st 211

5. Full Name of Mother, Tilly Bordley

6. Mother's Maiden Name, Tilly Lanzy

7. Mother's Birthplace, Baltimore Md

8. Full Name of Father, Charles Bordley

9. Father's Occupation, Labor

10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other Person who makes this Return. Mrs Margret Spriggs

Address, No 7 Seldom st

Remarks,

for each offence to be recovered as other fines are [illegible]

[illegible] & Co., City Printers and Stationers.

82987

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT, NOV 10 1885 BALTIMORE, MD.

[illegible] of Child of Mother (state whether 1st, 2d, 3d, &c.)	No. 4
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	November 5/85
4. Place of Birth (Street and Number)	Cor Lafayette & Calhoun Sts
5. Full Name of Mother	Henriette Lachenmeyer
6. Mother's Maiden Name	
7. Mother's Birthplace	City of Baltimore
8. Full Name of Father	Edward H. Lachenmeyer
9. Father's Occupation	Livery Stables Keeper
10. Father's Birthplace	City of Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Dr A Arenson
Address	276 W. Fayette Sts
Remarks	

13988

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, NOV 10 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) No. of Child 6

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 5th of November
4. *Place of Birth, (Street and Number)* No. 317 Sharford Av
5. *Full Name of Mother,* Maggie Woods
6. *Mother's Maiden Name,* Maggie Davisson
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* John D. Woods
9. *Father's Occupation,* Butcher
10. *Father's Birthplace,* Richmon Va

Name of Medical Attendant, or other Person who makes this Return Jane E. Bayless Midwife

Address, No. 352 Sharford Av

Remarks,

any person or persons who shall [illegible] to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

PRINTERS AND STATIONERS.

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82989

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, NOV 10 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 5 of Nov
4. *Place of Birth, (Street and Number)* 209 E. Chew St
5. *Full Name of Mother,* Lizzie Wilker
6. *Mother's Maiden Name,* " Simpson
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* John Wilker
9. *Father's Occupation,* Coal dealer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. 125 N Caroline St

Address, 125 N Caroline St Mary Walter

Remarks,

for each offence to be recovered as other fines and forfeitures are recoverable.

Co., City Printers and Stationers.

82990

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd child

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 5th November 1885
4. *Place of Birth, (Street and Number)* Baltimore Poppleton St 39
5. *Full Name of Mother,* Anna Catherine Wickman
6. *Mother's Maiden Name,* — — Heth
7. *Mother's Birthplace,* Baltimore City
8. *Full Name of Father,* Henry C. Wickman
9. *Father's Occupation,* Butcher
10. *Father's Birthplace,* Baltimore City

Name of Medical Attendant, or other Person who makes this Return. Susan Hunter

Address, 21 No Poppelton St

Remarks,

HEALTH DEPARTMENT
NOV 10 1885
BALTIMORE, MD.

...who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

...o., City Printers and Stationers.

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RETURN OF A BIRTH

8 3991

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
NOV 10 1885
BALTIMORE, MD

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* Colored

3. *Date of Birth,* 5th Nov.

4. *Place of Birth, (Street and Number)* 79 Jefferson St.

5. *Full Name of Mother,* Ann Hitchens

6. *Mother's Maiden Name,* " Watkins

7. *Mother's Birthplace,* Baltimore

8. *Full Name of Father,* John Hitchens

9. *Father's Occupation,* Grocer

10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mary Walters

Address, 125 N Caroline St.

Remarks,

...o., City Printers and Stationers.

RETURN OF A BIRTH.

82992

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
NOV 9 1885
BALTIMORE, MD.

of Child of Mother, (state whether 1st, 2d, 3d, &c.)	The Eight Child
1. *Sex (state whether male or female)*	Female
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	The 5th of November
4. *Place of Birth (Street and Number)*	No 10 Whitecoat street
5. *Full Name of Mother*	Florence A. Peters
6. *Mother's Maiden Name*	Florence A. Mantler
7. *Mother's Birthplace*	Baltimore City
8. *Full Name of Father*	Thomas L. Peters
9. *Father's Occupation*	Butcher
10. *Father's Birthplace*	Baltimore City
Name of Medical Attendant, or other Person who makes this Return.	Mrs. Rud Busch
Address	No 314 Mount street
Remarks	Healthy

RETURN OF A BIRTH,

8299 3

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
NOV 8 1895
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. *Sex (state whether male or female)*	Male.
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth*	Nov 5th 1895
4. *Place of Birth, (Street and Number)*	32 N Ann st
5. *Full Name of Mother*	Lizzie Mary Merryman
6. *Mother's Maiden Name*	Young
7. *Mother's Birthplace*	Balto City
8. *Full Name of Father*	Edward A Merryman
9. *Father's Occupation*	Policeman
10. *Father's Birthplace*	Balto City
Name of Medical Attendant, or other Person who makes this Return.	J H Kenney
Address	76 S Paca St
Remarks	

82994

RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT, NOV 8 1895 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) — Fourth

1. Sex (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth November 5th 18[illegible]
4. Place of Birth, (Street and Number) # 5 So Arlington Ave
5. Full Name of Mother Laura Leitsinger
6. Mother's Maiden Name Wright
7. Mother's Birthplace Balto City
8. Full Name of Father John Leitsinger
9. Father's Occupation Mechanic
10. Father's Birthplace Harford Co Md

Name of Medical Attendant, or other Person who makes this Return. I H Cuney

Address 76 S Paca St

Remarks

RETURN OF A BIRTH

8295

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
NOV 8 1885
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd Child

1. Sex, (state whether male or female) " Girl

2. Race or Color, (if not of the white race) White

3. Date of Birth, 5th of November 1885.

4. Place of Birth, (Street and Number) 82 North Wolf street

5. Full Name of Mother, Carry Förster

6. Mother's Maiden Name, Carry Schwarzkopf

7. Mother's Birthplace, Germany

8. Full Name of Father, John Schwarzkopf

9. Father's Occupation, Laborman

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. Crescintia Kunkel

Address, 71 North Chapel st. per Justina Kunkel

Remarks, Dead born.

for each offence to be recovered as other fines and penalties are recovered.

, City Printers and Stationers.

82996

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
NOV 14 1885
BALTIMORE, MD

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) Corlod

3. Date of Birth fifth of november

4. Place of Birth, (Street and Number) Forster alley. No 20.

5. Full Name of Mother, Emma Jane Brown.

6. Mother's Maiden Name, Emma Jane Willims

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Basal Brown

9. Father's Occupation, Coachman

10. Father's Birthplace, Fredricksburge Verginia

Name of Medical Attendant, or other Person who makes this Return. Mrs Annie Johnson

Address, 94. Lyicen Streeat.

Remarks, Is duen Well.

for each offence to be recovered as other fines and forfeitures are recoverable.

& Co., City Printers and Stationers.

RETURN OF A BIRTH

8299

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of child: James Francis Griffin

HEALTH DEPARTMENT
NOV 13 1885
BALTIMORE MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	
3. Date of Birth,	5th of November
4. Place of Birth, (Street and Number)	68 Eastern Avenue
5. Full Name of Mother,	Anna Griffin
6. Mother's Maiden Name,	Somers
7. Mother's Birthplace,	Ireland
8. Full Name of Father,	Charles Griffin
9. Father's Occupation,	Laborer
10. Father's Birthplace,	Ireland
Name of Medical Attendant, or other Person who makes this Return	Sarah Casper
Address,	72 E. Lombard St.
Remarks,	

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH

8 2978

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4
1. *Sex, (state whether male or female)*	F.
2. *Race or Color, (if not of the white race)*	W.
3. *Date of Birth,*	Nov 7th 1885
4. *Place of Birth, (Street and Number)*	60 Eastern Avenue
5. *Full Name of Mother,*	Katie Fernand
6. *Mother's Maiden Name,*	Fernand
7. *Mother's Birthplace,*	Italy
8. *Full Name of Father,*	George Fernand
9. *Father's Occupation,*	Musician
10. *Father's Birthplace,*	Italy
Name of Medical Attendant, or other Person who makes this Return.	Satalie Casper
Address,	72 E. Lombard St.
Remarks,	

HEALTH DEPARTMENT, NOV 13 1885 BALTIMORE, MD.

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH

82999

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, NOV 12 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 C hild

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Nov 6 th 1885

4. Place of Birth, (Street and Number) 193 Baston st

5. Full Name of Mother, Julia Lawrence

6. Mother's Maiden Name, Ey

7. Mother's Birthplace, Germany

8. Full Name of Father, Wm L. Lawrence

9. Father's Occupation, Bar Keper

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs Wiley

Address, No 12 Patterson Park av

Remarks,

ity Printers and Stationers.

83000

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, NOV 11 1885 BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* November 6th
4. *Place of Birth, (Street and Number)* No. 122 S. Carolina St
5. *Full Name of Mother,* Mary Sophia Siebert
6. *Mother's Maiden Name,* " " Weber
7. *Mother's Birthplace,* Balto.
8. *Full Name of Father,* John S. Siebert
9. *Father's Occupation,* Labor work
10. *Father's Birthplace,* West Virginia

Name of Medical Attendant, or other Person who makes this Return. Sophia Seenson

Address, No. 70 Granby St

Remarks,

for each offence to be recovered as other fines and forfeitures are recoverable.

A Co., City Printers and Stationers.

RETURN OF A BIRTH

83001

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
NOV 1 1885
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5 Child

1. Sex, (state whether male or female) Female.

2. Race or Color, (if not of the white race)

3. Date of Birth, Nov 6 1885

4. Place of Birth, (Street and Number) 66 S. Paca st

5. Full Name of Mother, Louise Eichenbrod.

6. Mother's Maiden Name, Zenn

7. Mother's Birthplace, America.

8. Full Name of Father, John Eichenbrod.

9. Father's Occupation, Restaurant.

10. Father's Birthplace, America.

Name of Medical Attendant, or other Person who makes this Return. J. Schwasser Midwife.

Address, 330 Hanover st.

Remarks,

City Printers and Stationers.

RETURN OF A BIRTH

$3002

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
NOV 1? 1885
BALTIMORE, MD

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4 d.
1. *Sex, (state whether male or female)*	Female.
2. *Race or Color, (if not of the white race)*	White race.
3. *Date of Birth,*	November 1885.
4. *Place of Birth, (Street and Number)*	No. 1121 Hanover St.
5. *Full Name of Mother,*	Laura Virginia Willig
6. *Mother's Maiden Name,*	" " Vogel
7. *Mother's Birthplace,*	Eastern Shore Md.
8. *Full Name of Father,*	Louis Vogel
9. *Father's Occupation,*	Labor Man.
10. *Father's Birthplace,*	Pennsylvania.
Name of Medical Attendant, or other Person who makes this Return.	Annie Geems.
Address,	634 Light St.
Remarks,	

or persons who shall hereafter fail to comply with the provisions of this Section, shall be subject to a penalty of ... for each offence to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH

83005

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 6th of Nov
4. *Place of Birth, (Street and Number)* 250 Madison St.
5. *Full Name of Mother,* Lizzie Barbar
6. *Mother's Maiden Name,* " Sapp
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* John Barbar
9. *Father's Occupation,* Huckster
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mary Walters

Address, 125 W. Caroline St.

Remarks,

HEALTH DEPARTMENT, NOV 10 1885 BALTIMORE, MD.

for each Office to be forwarded as soon as the Birth is recorded.

o., City Printers and Stationers.

RETURN OF A BIRTH

83004

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT, NOV 10 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3d
Sex, (state whether male or female)	Male
Race or Color, (if not of the white race)	Colored
Date of Birth,	Nov 6th 1885
Place of Birth, (Street and Number)	58 Whatcoat St
Full Name of Mother,	Lottie Rawlins
Mother's Maiden Name,	Lottie Jones
Mother's Birthplace,	King George Va
Full Name of Father,	James Rawlins
Father's Occupation,	Oysters
Father's Birthplace,	King George Co Va
Name of Medical Attendant, or other Person who makes this Return	Wm P. Evans M.D.
Address,	240 N. Carey St
Remarks,	

CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

83005

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT NOV 9 1885 BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 9th

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth Nov. 6th 1885

4. Place of Birth, (Street and Number) #9 St James Str Balto. Md.

5. Full Name of Mother, Mary Siegel

6. Mother's Maiden Name, Mary Rose

7. Mother's Birthplace, Balto Md.

8. Full Name of Father, Jacob Siegel

9. Father's Occupation, Cab. Maker

10. Father's Birthplace, Russia

Name of Medical Attendant, or other Person who makes this Return, Mrs Joseph Levi

Address, # 46 Carolina Str. Balto. Md.

Remarks,

Co., City Printers and Stationers.

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RETURN OF A BIRTH

8300 6

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Nov 6 1885

4. Place of Birth, (Street and Number) No 81 Randall St

5. Full Name of Mother, Kata Harington

6. Mother's Maiden Name, Kata Otto

7. Mother's Birthplace, Baltimore city md

8. Full Name of Father, Thomas Harington

9. Father's Occupation, Laborer

10. Father's Birthplace, Dorchester Co md

Name of Medical Attendant, or other Person who makes this Return. E. Hinton

Address, 1 662 S Charles St

Remarks,

HEALTH DEPARTMENT
NOV 8 1885
BALTIMORE, MD.

report its birth to the Commissioners of the County, or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to a penalty for each offence to be recovered as other fines and forfeitures are recoverable.

& Co. City Printers and Stationers

RETURN OF A BIRTH

8300 J

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
NOV 8 1885
BALTIMORE MD

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th Child

1. Sex, (state whether male or female) Boy

2. Race or Color, (if not of the white race) White

3. Date of Birth, 6th of November 1885

4. Place of Birth, (Street and Number) 163 North Chester Street

5. Full Name of Mother, Katie Witsberger

6. Mother's Maiden Name, Katie Neuberger

7. Mother's Birthplace, Germany

8. Full Name of Father, Frank M. Neuberger

9. Father's Occupation, Laborman

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. Crescintia Kunkel

Address, 71 North Chapel street per Justina Kunkel

Remarks, Healthy.

City Printers and Stationers.

RETURN OF A BIRTH

83008

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2 Child
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	6 November
4. *Place of Birth, (Street and Number)*	1134 Hull St.
5. *Full Name of Mother,*	Ella Foley
6. *Mother's Maiden Name,*	Ella Kelley
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Frances Foley
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Mrs Ettel
Address,	No. 13 Cuba St
Remarks,	Cause of Death True Birth

HEALTH DEPARTMENT
NOV 7 1905
BALTIMORE, MD.

Baltimore

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

Co., City Printers and Stationers.

83009

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
NOV 13 1885
BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st.

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth* Nov. 6th 1885
4. *Place of Birth, (Street and Number)* No. 3 Albermarle st.
5. *Full Name of Mother,* Maggie Corbitt
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* John Thomas Corbitt
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs. C. Bernstein

Address, 49 S. Exeter st.

Remarks,

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine or tax, or for each offence to be recovered as other fines and forfeitures are recoverable.

& Co., City Printers and Stationers.

83010

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
NOV 14 1885
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) The 6th of Nov. 1885 morning

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) white
3. Date of Birth, 6th of November
4. Place of Birth, (Street and Number) 137 Burgundy Street
5. Full Name of Mother, Lillie Jane Lybrindth
6. Mother's Maiden Name, " " Mathew
7. Mother's Birthplace, Harpers ferry, West Virginia
8. Full Name of Father, Christopher Lybrindth
9. Father's Occupation, Drove year
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. Amelie Bange

Address, # 426 cross street

Remarks,

City Printers and Stationers.

RETURN OF A BIRTH

83011

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
NOV 12 1885
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Nov 6 1885

4. Place of Birth, (Street and Number) 94 Boyd St

5. Full Name of Mother, Ellen Baker

6. Mother's Maiden Name, Ellen Delany

7. Mother's Birthplace, Ireland

8. Full Name of Father, Jeremiah Baker

9. Father's Occupation, Laborer

10. Father's Birthplace, Ireland

Name of Medical Attendant, or other Person who makes this Return. Susan Hunter

Address, 21 No Pennsylvania Ave

Remarks,

for each offense to be recovered as other fines and forfeitures are recoverable.

o., City Printers and Stationers.

NOTICE

The succeeding document was received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

83012

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, NOV 12 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First Child

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White race.

3. Date of Birth, Sixth of November 1885

4. Place of Birth, (Street and Number) 437 Saratoga St.

5. Full Name of Mother, Mary Elizabeth Burdette

6. Mother's Maiden Name, Mary Elizabeth Wells

7. Mother's Birthplace, Baltimore M.D.

8. Full Name of Father, Peter Elwood Burdette

9. Father's Occupation, Laborer at Mount Clare Shops

10. Father's Birthplace, Howard Co. M.D.

Name of Medical Attendant, or other Person who makes this Return. Susan Hunter

Address, 21 No Poppelton St

Remarks,

City Printers and Stationers.

8301

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, NOV 12 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) Twins Boy & Girl

2. Race or Color, (if not of the white race) —— W [illegible]

3. Date of Birth, Nov 6 = 85

4. Place of Birth, (Street and Number) 41 N Pine St Balto Md

5. Full Name of Mother, Tati T Coan

6. Mother's Maiden Name, Tati T Mullen

7. Mother's Birthplace, Balto Md

8. Full Name of Father, Michael J Coan

9. Father's Occupation, Dealer Leeds & Agricultural

10. Father's Birthplace, Balto Co Md

Name of Medical Attendant, or other Person who makes this Return. Susan Hunter

Address, 21 No Poppelton St

Remarks,

City Printers and Stationers.

RETURN OF A BIRTH

830114

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT, NOV 12 1885 BALTIMORE, MD

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2d
1. Sex, (state whether male or female)	Male.
2. Race or Color, (if not of the white race)	
3. Date of Birth,	Nov 7
4. Place of Birth, (Street and Number)	76 Pine St.
5. Full Name of Mother,	Caroline Lauer.
6. Mother's Maiden Name,	" Lieb.
7. Mother's Birthplace,	Balt.
8. Full Name of Father,	Wm Lauer
9. Father's Occupation,	Druggist.
10. Father's Birthplace,	Balt.
Name of Medical Attendant, or other Person who makes this Return	Dr Morgan
Address,	17 W. Monument St.
Remarks,	

CO. CITY PRINTING WORKS.

RETURN OF A BIRTH.

8301 5

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, NOV 12 1885 BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) .....

1. Sex, (state whether male or female) male child

2. Race or Color, (if not of the white race) .....

3. Date of Birth nov the 7 1885

4. Place of Birth, (Street and Number) cedar alley no 134

5. Full Name of Mother, Bessa E cramwell

6. Mother's Maiden Name, Bassacole

7. Mother's Birthplace, St marys county md

8. Full Name of Father, John Wesley cramwell

9. Father's Occupation, Wood cutter

10. Father's Birthplace, Baltimore md

Name of Medical Attendant, or other Person who makes this Return. mrs cross

Address, 128 poplar st Baltimore

Remarks, ...

Co., City Printers and Stationers.

RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT, NOV 12 1885 BALTIMORE MD.

No. Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex (state whether male or female) Female.
2. Race or Color, (if not of the white race) White
3. Date of Birth Saturday Nov 7th 1885
4. Place of Birth, (Street and Number) No 212 Frederick Ave.
5. Full Name of Mother Anna Hechmer
6. Mother's Maiden Name Anna Beset
7. Mother's Birthplace Germany.
8. Full Name of Father Anton Beset
9. Father's Occupation Butcher
10. Father's Birthplace Germany.

Name of Medical Attendant, or other Person who makes this Return. Catherine Voll

Address No 57 Bantalo St

Remarks

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st m.
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Nov. 7th 1885
4. *Place of Birth, (Street and Number)*	166 Peirce
5. *Full Name of Mother,*	Mary Ann Gerwig
6. *Mother's Maiden Name,*	Mannion
7. *Mother's Birthplace,*	Balto. City
8. *Full Name of Father,*	Jacob F. Gerwig
9. *Father's Occupation,*	Builder
10. *Father's Birthplace,*	Balto Co. Md
Name of Medical Attendant, or other Person who makes this Return	J. H. Chrystie M.D.
Address,	506 Madison Ave.
Remarks,	

HEALTH DEPARTMENT NOV 11 1885 BALTIMORE, MD.

to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

INTERS AND STATIONERS.

RETURN OF A BIRTH

83018

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
NOV 10 1885
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Nov. 7/85
4. *Place of Birth, (Street and Number)*	11 S. Poppleton St
5. *Full Name of Mother,*	Jennie M Carney.
6. *Mother's Maiden Name,*	" Mears.
7. *Mother's Birthplace,*	Balto. Co. Md
8. *Full Name of Father,*	Owen B. Carney
9. *Father's Occupation,*	Labourer
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Thomas Opie
Address,	179 N. Howard St
Remarks,	

PRINTER & STATIONER, BALT.

83019

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, NOV 10 1885 BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) One 6

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth* Nov 17 1885
4. *Place of Birth, (Street and Number)* 127 Mullinkin St
5. *Full Name of Mother,*
6. *Mother's Maiden Name,* Murry Murry
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,*
9. *Father's Occupation,*
10. *Father's Birthplace,*

Name of Medical Attendant, or other Person who makes this Return. Lucundia Woolford

Address, 130 Register St

Remarks,

Co., City Printers and Stationers.

RETURN OF A BIRTH

83020

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
NOV 9 1885
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) Col'd

3. Date of Birth, November 7th 1885

4. Place of Birth, (Street and Number) 133 Preston St.

5. Full Name of Mother, Lizzie Fisher

6. Mother's Maiden Name, Lizzie Keys

7. Mother's Birthplace, Frederick City Md.

8. Full Name of Father, Henry Fisher.

9. Father's Occupation, Sailor

10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other Person who makes this Return G. Henry Chabot M.D.

Address, No. 201 N. Howard St

Remarks,

TERS AND STATIONERS.

Over

83021

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT, NOV 7 1885 BALTIMORE, MD.

. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th ~~Sixth~~

Sex, [illegible]te whether male or female Justin J. Rosenthal - Male

Race or Color, (if not of the white race) White

Date of Birth, Nov. 7th 1885

Place of Birth, (Street and Number) 332 N Eden Street

Full Name of Mother, Sophia Rosenthal

Mother's Maiden Name, " Wiesenbach

Mother's Birthplace, Baltimore Md

Full Name of Father, Julius J Rosenthal

Father's Occupation, Merchant

Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return Aaron Friedenwald MD

Address, 88 N Eutaw Street

Remarks, Normal Labor

83022

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, NOV 13 1885 BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* November 7. 1885.
4. *Place of Birth, (Street and Number)* No 283 Battery Ave
5. *Full Name of Mother,* Cathrine R. Peach
6. *Mother's Maiden Name,* Cathrine B. Albaugh
7. *Mother's Birthplace,* Frederick
8. *Full Name of Father,* Charles Peach
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* England

Name of Medical Attendant, or other Person who makes this Return. Cathrine Hornung

Address, No 18 Byrd st

Remarks,

...or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

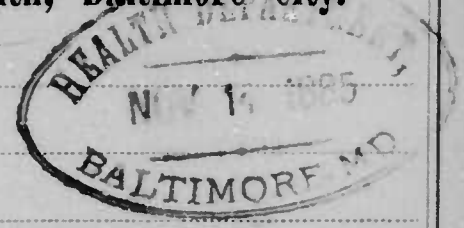
...y & Co., City Printers and Stationers.

8302(3

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, NOV 14 1885 BALTIMORE MD



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (state whether male or female)* Female.
2. *Race or Color, (if not of the white race)* Colored.
3. *Date of Birth* Nov 7. 1885
4. *Place of Birth, (Street and Number)* Baltimore Md. 22 Pierce st.
5. *Full Name of Mother,* Mary Belle Burke.
6. *Mother's Maiden Name,* Mary Belle Holland.
7. *Mother's Birthplace,* Prince George's county.
8. *Full Name of Father,* Benjamin William Burke.
9. *Father's Occupation,* Waiter
10. *Father's Birthplace,* Baltimore Md.

Name of Medical Attendant, or other Person who makes this Return. Mrs Annie Johnson

Address, # 94 Tyson st.

Remarks,

..., City Printers and Stationers.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

83024

HEALTH DEPARTMENT
NOV 12 1885
BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3d
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth Nov. 27. 1885
4. Place of Birth, (Street and Number) 9 Irving Place
5. Full Name of Mother, Mrs. Caroline Elizabeth McCullough
6. Mother's Maiden Name, Miss " Bramfield
7. Mother's Birthplace, Port deposit Md.
8. Full Name of Father, Capt. Edw. Rooley McCullough
9. Father's Occupation, Mariner
10. Father's Birthplace, Port deposit Md.
Name of Medical Attendant, or other Person who makes this Return. A. A. Lusby M. D.
Address, 392 E. Balt. St.
Remarks, Natural Delivery

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the like penalty for each offence to be recovered as other fines and forfeitures are recoverable.

y & Co., City Printers and Stationers.

83025

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, NOV 12 1885 BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth Nov 7th 1885
4. Place of Birth, (Street and Number) No. 3. N. Frederick
5. Full Name of Mother, Wilmina Borcherding
6. Mother's Maiden Name, Wilmina Hahn
7. Mother's Birthplace, N. Worresbach Germany
8. Full Name of Father, Detrick Borcherding
9. Father's Occupation, Restaurant Pro
10. Father's Birthplace, Hanover Germany

Name of Medical Attendant, or other Person who makes this Return. [illegible]

Address, No 28. [illegible] Baltimore

Remarks,

W.P.

for each offence to be recovered as other fines and forfeitures are recoverable.

& Co., City Printers and Stationers.

RETURN OF A BIRTH.

8302b

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Ethel Martha La Porte

HEALTH DEPARTMENT, NOV 12 1885 BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
1. Sex, (state whether male or female)	female
2. Race or Color, (if not of the white race)	white
3. Date of Birth	nov. 7 1885
4. Place of Birth, (Street and Number)	44 Lamar st
5. Full Name of Mother,	Emma E. Laporte
6. Mother's Maiden Name,	" " Horton
7. Mother's Birthplace,	Balto
8. Full Name of Father,	Charles L. Laporte
9. Father's Occupation,	Tobacconist
10. Father's Birthplace,	Balto
Name of Medical Attendant, or other Person who makes this Return.	D. Streett M.D.
Address,	143 N. Eden st
Remarks, GIVEN NAME ADDED.	8-28-52

RETURN OF A BIRTH

83027

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT, NOV 12 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) fine

Sex, (state whether male or female) male

Race or Color, (if not of the white race) Colored

Date of Birth, 7 november 1885

Place of Birth, (Street and Number) 2 maryland avenue

Full Name of Mother, Elizbeth Brown

Mother's Maiden Name, Elizabeth perkins

Mother's Birthplace, accomac County va

Full Name of Father, John Brown

Father's Occupation, coachman

Father's Birthplace, St Marys Co

Name of Medical Attendant, or other Person who makes this Return Mrs Charity Jones

Address, 79 Gould alley

Remarks,

CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH,

83028

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT, NOV 12 1885 BALTIMORE MD.

No. Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth Nov 8th 1885
4. Place of Birth, (Street and Number) 3 N Pospleton st
5. Full Name of Mother Georgie Dandridge
6. Mother's Maiden Name Pumphrey
7. Mother's Birthplace Balto City
8. Full Name of Father George H Dandridge
9. Father's Occupation Painter
10. Father's Birthplace Penn.

Name of Medical Attendant, or other Person who makes this Return. J. H Gunny

Address 76 S Paca St

Remarks

RETURN OF A BIRTH

83029

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
NOV 11 1885
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

Sex, (state whether male or female) Male

Race or Color, (if not of the white race) White

Date of Birth, 607 N Gilmore St

Place of Birth, (Street and Number) November 8th 1885

Full Name of Mother, Sarah Jane Miles

Mother's Maiden Name, " " Burke

Mother's Birthplace, Baltimore city

Full Name of Father, L. Hamilton Miles

Father's Occupation, merchant

Father's Birthplace, B. City

Name of Medical Attendant, or other Person who makes this Return J Haney Hill

Address, 127 Arlington Ave

Remarks,

CITY PRINTERS AND STATIONERS

82030

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth 8 of November 1885
4. Place of Birth, (Street and Number) 476 Harford Ave
5. Full Name of Mother, Lizzie Schlang
6. Mother's Maiden Name, Lizzie Bennett
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Theodore Schlang
9. Father's Occupation, Cigars Manufacturer
10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs Christina Sauer

Address, 173 Harford Ave

Remarks, 1885.

HEALTH DEPARTMENT NOV 10 1885 BALTIMORE, MD.

...or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

...y & Co., City Printers and Stationers.

RETURN OF A BIRTH

83031

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Balto Nov 10 1885.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race) White.
3. Date of Birth, Balto Nov 8d 1885.
4. Place of Birth, (Street and Number) 231 Bank St.
5. Full Name of Mother, Emma Hackelhoff.
6. Mother's Maiden Name, Emma Haube.
7. Mother's Birthplace, America.
8. Full Name of Father, Christian Hackelhoff.
9. Father's Occupation, Laborer.
10. Father's Birthplace, America.

Name of Medical Attendant, or other Person who makes this Return. Mrs. Mary Amend.

Address, 137 South Wolfe Street.

Remarks, ---

HEALTH DEPARTMENT
NOV 10 1885
BALTIMORE, MD.

...y Printers and Stationers.

83032

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, NOV 9 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 12th

Sex, (state whether male or female) Male

2. *Race or Color, (if not of the white race)* Colored

3. *Date of Birth,* Nov. 11th 8th 1885

4. *Place of Birth, (Street and Number)* No 85 Hornney Lane

5. *Full Name of Mother,* Annie Baily

6. *Mother's Maiden Name,* " " Waters

7. *Mother's Birthplace,* Baltimore Md

8. *Full Name of Father,* William Baily

9. *Father's Occupation,* Laborer

10. *Father's Birthplace,* Kentucky

Name of Medical Attendant, or other Person who makes this Return Charlotte Proctor Mid Wife

Address, No 10 Carlton St

Remarks,

to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

...NTERS AND STATIONERS.

83033

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
NOV 8 1885
BALTIMORE, MD

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th

1. Sex (state whether Male or Female) female
2. Race or Color (if not of the white race) Colored
3. Date of Birth nov ~~Sept~~ 19th 7 A 5
4. Place of Birth (Street and Number) No 122 North Dallas Street
5. Full Name of Mother Susan A. Cooper
6. Mother's Maiden Name Susan A. Bryan
7. Mother's Birthplace Baltimore City
8. Full Name of Father Stephen H Cooper
9. Father's Occupation A Porter
10. Father's Birthplace Dorchester County Md

Name of Medical Attendant, or other Person who makes this Return. Anna Dunton

Address 1-22 Dallas St

Remarks

RETURN OF A BIRTH

83034

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
NOV 14 1885
BALTIMORE MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	2 November 8" 1885
4. *Place of Birth, (Street and Number)*	503 Light St
5. *Full Name of Mother,*	Margaret E. Sturgeon
6. *Mother's Maiden Name,*	" " Douglass
7. *Mother's Birthplace,*	Baltimore Md
8. *Full Name of Father,*	George Sturgeon
9. *Father's Occupation,*	Bricklayer
10. *Father's Birthplace,*	Canada
Name of Medical Attendant, or other Person who makes this Return.	Dr. Cook MD
Address,	111 Light St
Remarks,	

City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

83025

HEALTH DEPARTMENT
NOV 14 1885
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th Child

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, 8th November

4. Place of Birth, (Street and Number) Ridgley st No. 40

5. Full Name of Mother, Mary Bowers ~~Denninger~~

6. Mother's Maiden Name, Mary Denninger

7. Mother's Birthplace, Baltimore Md.

8. Full Name of Father, Charles Bowers

9. Father's Occupation, Moulder

10. Father's Birthplace, Baltimore County

Name of Medical Attendant, or other Person who makes this Return. Emilie Baug

Address, 426 Cross street

Remarks,

for each offence to be recovered as other fines and penalties are now by law.

Co., City Printers and Stationers.

83036

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
NOV 14 1885
BALTIMORE MD

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) First Child

1. Sex, (state whether male or female) male.
2. Race or Color, (if not of the white race) White.
3. Date of Birth Nov. 2d 1885.
4. Place of Birth, (Street and Number) Baltimore City 301 W. Pratt st.
5. Full Name of Mother, Mathilde Strube.
6. Mother's Maiden Name, Niedermyer.
7. Mother's Birthplace, Dortmund. Germany
8. Full Name of Father, Conrad Strube.
9. Father's Occupation, Tailor.
10. Father's Birthplace, Prussia. Germany.

Name of Medical Attendant, or other Person who makes this Return. Mrs M. Maennel

Address, No 8 Pearl Ste. Midwife

Remarks,

for each offence to be recovered as other fines and penalties are recovered.

Co., City Printers and Stationers.

RETURN OF A BIRTH

83037

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, 8 of November

4. Place of Birth, (Street and Number) No 1 Broadway court

5. Full Name of Mother, Lizzie Jane Young

6. Mother's Maiden Name, Lizzie Jane Jackson

7. Mother's Birthplace, Eastern Talbott county

8. Full Name of Father, Charles H young

9. Father's Occupation, Laber

10. Father's Birthplace, Co Maryland near Md

Name of Medical Attendant, or other Person who makes this Return. Susan Morgan

Address, 1947 North Durham St

Remarks, Mother doing well.

HEALTH DEPARTMENT
NOV 15 1885
BALTIMORE, MD.

for each offence to be recovered as other fines and forfeitures are recoverable.

., City Printers and Stationers.

83038

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, NOV 12 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* ~~Male~~
2. *Race or Color, (if not of the white race)* colored
3. *Date of Birth,* Nov. 8/85
4. *Place of Birth, (Street and Number)* 166 S. Bethelstreet.
5. *Full Name of Mother,* Sophie Drappe
6. *Mother's Maiden Name,* Kooper
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* James Drappe
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs. Louise Kraft.

Address, 142 S. Washington St.

Remarks,

for each offence to be recovered as other fines and forfeits

, City Printers and Stationers.

NOTICE

The succeeding document was received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	First
1. *Sex, (state whether male or female)*	Male.
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth*	November 8th
4. *Place of Birth, (Street and Number)*	155 Harford Avenue
5. *Full Name of Mother,*	Sallie Gephart
6. *Mother's Maiden Name,*	" Eastwood
7. *Mother's Birthplace,*	Baltimore, Md
8. *Full Name of Father,*	J. Jackson Gephart
9. *Father's Occupation,*	Clerk
10. *Father's Birthplace,*	Baltimore, Md.
Name of Medical Attendant, or other Person who makes this Return.	John M
Address,	No. 5 Franke
Remarks,	

HEALTH DEPT. NOV 12 BALTIMORE

be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

rphy & Co., City Printers and Stationers.

RETURN OF A BIRTH.

83040

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
NOV 11 1885
BALTIMORE MD

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth 9th of November

4. Place of Birth, (Street and Number) 27 W. Paca Balto.

5. Full Name of Mother, Fannie Montgomery

6. Mother's Maiden Name, " Kemp

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Thomas Montgomery

9. Father's Occupation, Hostler

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs M. Crosse

Address, 128 W. Pohpleton

Remarks,

for each offence to be recovered as other fines and forfeitures are recovered.

Co., City Printers and Stationers.

RETURN OF A BIRTH

83041

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 Child.

1. Sex, (state whether male or female) Male.

2. Race or Color, (if not of the white race)

3. Date of Birth, Nov 9 1885.

4. Place of Birth, (Street and Number) 41 Stirling St.

5. Full Name of Mother, Mary Schulhaus

6. Mother's Maiden Name, Hausmann

7. Mother's Birthplace, America.

8. Full Name of Father, Jacob Schulhaus

9. Father's Occupation, Clerk.

10. Father's Birthplace, America

Name of Medical Attendant, or other Person who makes this Return. J. Lohrasser. Midwife.

Address, 330 Hanover St.

Remarks,

HEALTH DEPARTMENT
NOV 11 1885
BALTIMORE

, City Printers and Stationers.

RETURN OF A BIRTH

B3042

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
NOV 13 1885
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 the

Sex, (state whether male or female) Boy

Race or Color, (if not of the white race) White

Date of Birth, 9 November

Place of Birth, (Street and Number) 218 Ann Street

Full Name of Mother, Marie Andrisak

Mother's Maiden Name, Kurkosky

Mother's Birthplace, Wongrowice Germania

Full Name of Father, Andry Kurkosky

Father's Occupation, ———

Father's Birthplace, Golancz

Name of Medical Attendant, or other Person who makes this Return Marie Güttner

Address, 245 S. Wolfe Street

Remarks,

..., CITY PRINTERS AND STATIONERS

8304 5

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
NOV 14 1885
BALTIMORE, MD

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4 th

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth 9 the day of Nove 1885

4. Place of Birth, (Street and Number) 196 Montcomery Sts

5. Full Name of Mother, Pauline Levy

6. Mother's Maiden Name, Pauline Pfefferkorn

7. Mother's Birthplace, Austrian

8. Full Name of Father, Moritz Levi

9. Father's Occupation, Butcher

10. Father's Birthplace, Austrian

Name of Medical Attendant, or other Person who makes this Return. Mrs W. Maennel

Address, No 8 Pearl str. Midwife

Remarks,

Co., City Printers and Stationers.

830414

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Elizabeth Charlotte Schuchardt

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2

HEALTH DEPARTMENT
NOV 14 1885
BALTIMORE MD

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race)
3. Date of Birth 9th day of Nov. 1885
4. Place of Birth, (Street and Number) 12½ n Front st
5. Full Name of Mother, Katharina Schuchardt
6. Mother's Maiden Name, Katharina Wills.
7. Mother's Birthplace, Bba Germany
8. Full Name of Father, H. Schuchardt.
9. Father's Occupation, Machinist
10. Father's Birthplace, Bba Germany
11. Name of Medical Attendant, or other Person who makes this Return. Mrs W. Maennel Midwife
12. Address, No 8 Pearl Pl
13. Remarks, GIVEN NAME ADDED 2-4.54 L.M.

for each offence to be recovered as other fines and forfeitures are recovered.

A Co., City Printers and Stationers.

RETURN OF A BIRTH.

8301 F 5

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
NOV 14 1885
BALTIMORE MD

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	First [illegible]
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	Colored
3. Date of Birth	Nov 6th 1885
4. Place of Birth, (Street and Number)	204 N Fayette St Baltimore Md
5. Full Name of Mother,	Carrie S Wright
6. Mother's Maiden Name,	Carrie S Gray
7. Mother's Birthplace,	Calvert County Md
8. Full Name of Father,	William A Wright
9. Father's Occupation,	Waiter Essex County Va
10. Father's Birthplace,	Essex County Va
Name of Medical Attendant, or other Person who makes this Return.	Aaron Johnson
Address,	911 Tyson Street
Remarks,	

Co., City Printers and Stationers.

NOTICE

The succeeding document was received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

83 01/6

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
NOV 1[illegible] 1925
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3 three

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth* Nov 9th
4. *Place of Birth, (Street and Number)* 3d Leonard street
5. *Full Name of Mother,* Sarah Weaver
6. *Mother's Maiden Name,* [illegible] Tolon
7. *Mother's Birthplace,* Lancaster County Virginia
8. *Full Name of Father,* Walter Weaver
9. *Father's Occupation,* Winter
10. *Father's Birthplace,* Lancaster County Virginia

Name of Medical Attendant, or other Person who makes this Return. Anni Johnson

Address, 94 Tyson street

Remarks,

Co., City Printers and Stationers.

RETURN OF A BIRTH

83041

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6ter Child

1. Sex, (state whether ~~male or~~ female)

2. Race or Color, (if not of the white race) White

3. Date of Birth, November 4th, A. D. 1885

4. Place of Birth, (Street and Number) N. Exeter St. No 108.

5. Full Name of Mother, Elisabetha Hollderfer

6. Mother's Maiden Name, Elisabetha Weitzel

7. Mother's Birthplace, Balto City

8. Full Name of Father, Heinrich Hollderfer

9. Father's Occupation, Hawker

10. Father's Birthplace, Westhofen, Gr. Hessen, Germany

Name of Medical Attendant, or other Person who makes this Return. Mary E. Miller

Address, N. Dallas St. No 26

Remarks,

HEALTH DEPARTMENT
NOV 14 1885
BALTIMORE MD

City Printers and Stationers.

RETURN OF A BIRTH

83048

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
NOV 12 1885
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

Sex, (state whether male or female) Male

Race or Color, (if not of the white race) White

Date of Birth, Nov 9th 1885

Place of Birth, (Street and Number) 1536 North Gilmore st

Full Name of Mother, Anna M Harris

Mother's Maiden Name, Altrogge

Mother's Birthplace, York Co Pa

Full Name of Father, Wm H Harris

Father's Occupation, Artist

Father's Birthplace, York Co Pa

Name of Medical Attendant, or Other Person who makes this Return. E. N. Lee M.D.

Address, 192 North Carey st

Remarks,

TER & STATIONER, BALT.

RETURN OF A BIRTH

8301/9

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, NOV 13 1885 BALTIMORE MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	X
3. Date of Birth,	10th of November
4. Place of Birth, (Street and Number)	18 S Broadway
5. Full Name of Mother,	Eliza Frydes
6. Mother's Maiden Name,	Bradt
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	Henrick Frydes
9. Father's Occupation,	Merchant
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Sarah Casper
Address,	72 E. Lombard St.
Remarks,	

City Printers and Stationers.

RETURN OF A BIRTH

83049
50

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, NOV 13 1885 BALTIMORE MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) M

2. Race or Color, (if not of the white race)

3. Date of Birth, 10th of [illegible]

4. Place of Birth, (Street and Number) 35 N. Exeter St.

5. Full Name of Mother, Alice Burns

6. Mother's Maiden Name, Smith

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Michael Burns

9. Father's Occupation, Driver

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. Sarah Casper

Address, 72 E. Lombard St.

Remarks,

City Printers and Stationers.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 7th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth 10 of November 1885
4. Place of Birth, (Street and Number) No 160 Stirling
5. Full Name of Mother, Anna Mary Nickol
6. Mother's Maiden Name, Anna Mary Schneider
7. Mother's Birthplace, Germany
8. Full Name of Father, Moritz Nickol
9. Father's Occupation, Sailor
10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs Christina Sauer

Address, 173 Harford Ave

Remarks, 1885

HEALTH DEPARTMENT NOV 12 1885 BALTIMORE MD

...Co., City Printers and Stationers.

83052

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, NOV 11 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1tes

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Whit
3. Date of Birth, 10 of November 1885
4. Place of Birth, (Street and Number) 317 Risi-Ann Street
5. Full Name of Mother, Magdalena Wachowiak
6. Mother's Maiden Name, Magdalena Barthowiak
7. Mother's Birthplace, Germany
8. Full Name of Father, Henri Wachowiak
9. Father's Occupation, Laborer
10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return Mrs Ida Hill Midwife

Address, No 43 N. Castle Str.

Remarks,

to a fine of ten dollars for each offence, to be recovered as other [illegible]

NTERS AND STATIONERS.

RETURN OF A BIRTH.

8205

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
NOV 16 1885
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd Child

1. *Sex (state whether Male or Female)* male
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* Nov 10 1885
4. *Place of Birth (Street and Number)* 14 Gwin St
5. *Full Name of Mother* mrs Sarah ann Moore
6. *Mother's Maiden Name* Sarah ann Harrison
7. *Mother's Birthplace* Baltimore City
8. *Full Name of Father* James henry moore
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Cambridge md

Name of Medical Attendant, or other Person who makes this Return. mrs Elizabeth Johnson mid wife

Address

Remarks

RETURN OF A BIRTH.

830514

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 8th

1. Sex, (state whether male or female) Female (Augusta J.)
2. Race or Color, (if not of the white race) White
3. Date of Birth November 10th 1885
4. Place of Birth, (Street and Number) No 5 Dusty alley
5. Full Name of Mother, Mary Katzenberger
6. Mother's Maiden Name, Mary Speigel
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Frank Katzenberger
9. Father's Occupation, Furrier
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. Catherine Hannig

Address, No 18 Byrd st

Remarks,

HEALTH DEPARTMENT NO. 13 385 BALTIMORE, MD.

..., City Printers and Stationers.

83045

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
NOV 14 1885
BALTIMORE MD

o. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

Sex, (state whether male or female) Female

Race or Color, (if not of the white race) White

Date of Birth, November 10th 1885

Place of Birth, (Street and Number) 926 North Gilmor St.

Full Name of Mother, Louise C. Marsh

Mother's Maiden Name, Louise C Steigers.

Mother's Birthplace, Baltimore County

Full Name of Father, George L Marsh

Father's Occupation, Clerk, B. O. Railroad Co

Father's Birthplace, Baltimore County

Name of Medical Attendant, or other Person who makes this Return Amanda Taylor Norris, M.D.

Address, 93 Harlem Ave.

Remarks.

CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

83056

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
NOV 14 1885
BALTIMORE MD

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Nov 10th 1885

4. Place of Birth, (Street and Number) 43 Lee St

5. Full Name of Mother, Sophie A Fitzinger

6. Mother's Maiden Name, " " Robinson

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Thos H Fitzinger

9. Father's Occupation, Tinner

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. Theodore Coke M.D.

Address, 146 Hanover St

Remarks,

City Printers and Stationers.

RETURN OF A BIRTH.

8305 7

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 10th

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth 11 of November 1885

4. Place of Birth, (Street and Number) 78 Harford Cave

5. Full Name of Mother, Mary Tracy

6. Mother's Maiden Name, Mary Quinn

7. Mother's Birthplace, Liverpool England

8. Full Name of Father, John Tracy

9. Father's Occupation, Shoemaker

10. Father's Birthplace, Boston Mass

Name of Medical Attendant, or other Person who makes this Return. Mrs Christina Lauer

Address, 113 Harford Ave

Remarks, 1885

HEALTH DEPARTMENT
NOV 12 1885
BALTIMORE, MD

Co., City Printers and Stationers.

RETURN OF A BIRTH

S3058

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Balto Nov 13th 1885.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race) White.
3. Date of Birth, Balto Nov 11th 1885.
4. Place of Birth, (Street and Number) 104 South Wolfe St.
5. Full Name of Mother, Lily Nord.
6. Mother's Maiden Name, Lily Beck.
7. Mother's Birthplace, America.
8. Full Name of Father, Charles Nord.
9. Father's Occupation, Laborer.
10. Father's Birthplace, America.

Name of Medical Attendant, or other Person who makes this Return. Mrs. Mary Smend

Address, 137 South Wolfe St.

Remarks,

HEALTH DEPART.
NOV 14 188[illegible]
BALTIMORE.

or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of ten [illegible] for each offense to be recovered as other fines and forfeitures are recoverable.

Co., City Printers and Stationers.

RETURN OF A BIRTH.

8309

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) It is the 1st Child

1. Sex, (state whether male or female) It is a Female

2. Race or Color, (if not of the white race) White.

3. Date of Birth 11th of November 1885.

4. Place of Birth, (Street and Number) Denberry Alley. No. 31.

5. Full Name of Mother, Margretha List.

6. Mother's Maiden Name, Margretha Henken.

7. Mother's Birthplace, Born in Ringstedt Germany.

8. Full Name of Father, Frederick List.

9. Father's Occupation, Box Manufacturer.

10. Father's Birthplace, Lauterbach. Hessendam Stadt.

Name of Medical Attendant, or other Person who makes this Return, Mrs. W. Maennel. Midwife

Address, No 8 Pearl sts

Remarks,

HEALTH DEPARTMENT
NOV 14 1885
BALTIMORE, MD.

...o., City Printers and Stationers.

83060

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
NOV 14 1880
BALTIMORE MD

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Nov 11th 1880
4. *Place of Birth, (Street and Number)* 121 Fort Ave
5. *Full Name of Mother,* Francis A Shadrick
6. *Mother's Maiden Name,* " " Kane
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Archibald Shadrick
9. *Father's Occupation,* Machinist
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Theodore Cooke M.D.

Address, 146 Hanover St

Remarks,

ity Printers and Stationers.

RETURN OF A BIRTH,

53061

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
NOV 16 1885
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd.
1. *Sex (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth*	November 11. 85
4. *Place of Birth, (Street and Number)*	108 S Howard St
5. *Full Name of Mother*	Mary Lambert
6. *Mother's Maiden Name*	Mary Reinhart
7. *Mother's Birthplace*	Baltimore
8. *Full Name of Father*	Joseph Lambert
9. *Father's Occupation*	
10. *Father's Birthplace*	Balto Md
Name of Medical Attendant, or other Person who makes this Return.	James A Hachtig M.D.
Address	182 Saratoga St
Remarks	

RETURN OF A BIRTH

8306 2

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
NOV 13 1885
BALTIMORE, MD

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	7
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	
3. Date of Birth,	12th of November
4. Place of Birth, (Street and Number)	74 S. Canal St.
5. Full Name of Mother,	Mary Waner
6. Mother's Maiden Name,	Lasker
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	William Waner
9. Father's Occupation,	Painter
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Sarah Casper
Address,	72 E. Pontard St.
Remarks,	

, City Printers and Stationers.

RETURN OF A BIRTH,

8230 63

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
NOV 13 1885
BALTIMORE, MD.

No. [redacted] Child of Mother, (state whether 1st, 2d, 3d, &c.)	Third
1. *Sex (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth*	Nov. 12. 85
4. *Place of Birth, (Street and Number)*	47 Scott St
5. *Full Name of Mother*	Rica Meyer.
6. *Mother's Maiden Name*	" Herner -
7. *Mother's Birthplace*	Baltimore Md.
8. *Full Name of Father*	Chas. P. Meyer
9. *Father's Occupation*	Tailor
10. *Father's Birthplace*	Balto. Md
Name of Medical Attendant, or other Person who makes this Return.	H. Walton M.D.
Address	242 W. Lombard
Remarks	

83064

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, NOV 13 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5"

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* Nov 12" [illegible]
4. *Place of Birth, (Street and Number)* No 550 Hanover st
5. *Full Name of Mother,* Sarah Cook
6. *Mother's Maiden Name,* Sarah Crawford
7. *Mother's Birthplace,* Baltimore city md
8. *Full Name of Father,* Charles Cook
9. *Father's Occupation,* Clerk
10. *Father's Birthplace,* Balt city md

Name of Medical Attendant, or other Person who makes this Return. E. Hinton

Address, No 688 S. Charles St

Remarks,

City Printers and Stationers

RETURN OF A BIRTH.

8306

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth November 12th 1885

4. Place of Birth, (Street and Number) No 153 Cross st

5. Full Name of Mother, Francis Litz

6. Mother's Maiden Name, Francis Kaiser

7. Mother's Birthplace, Baltimore

8. Full Name of Father, George Litz

9. Father's Occupation, Cooper

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. Catherine Manning

Address, No 18 Byrd st

Remarks,

HEALTH DEPARTMENT, NOV 13 1885 BALTIMORE, MD.

..., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, Nov 12th 1885

4. Place of Birth, (Street and Number) No 1 Ivory Alley

5. Full Name of Mother, Rachel Ann Morrison

6. Mother's Maiden Name, Rachel Ann Morrison

7. Mother's Birthplace, Anne Arundel County, Maryland

8. Full Name of Father, —— Kelley

9. Father's Occupation, Paper-hanger

10. Father's Birthplace, Chicago Ill

Name of Medical Attendant, or other Person who makes this Return Edward E Mackenzie MD

Address, 69 Franklin St.

Remarks, The fathers first name is unknown,

HEALTH DEPARTMENT
NOV 14 1885
BALTIMORE MD

to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

INTERS AND STATIONERS.

RETURN OF A BIRTH

8307

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10th Child

1. Sex, (state whether ~~male or~~ female)
2. Race or Color, (if not of the white race) White
3. Date of Birth, November 12, 1885
4. Place of Birth, (Street and Number) N. Bethel St, No 121
5. Full Name of Mother, Barbara Schepeler
6. Mother's Maiden Name, Barbara Yarn
7. Mother's Birthplace, Baltimore City
8. Full Name of Father, Christoph Schepeler
9. Father's Occupation, Upholsterer
10. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other Person who makes this Return. Mary E. Muller

Address, N. Dallas St, No 26

Remarks,

HEALTH DEPARTMENT
NOV 14 1885
BALTIMORE MD

, City Printers and Stationers.

RETURN OF A BIRTH

83068

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd Child

HEALTH DEPARTMENT
NOV 14 1885
BALTIMORE MD

1. Sex, (state whether ~~male or~~ female)
2. Race or Color, (if not of the white race) White
3. Date of Birth, November the 12, 1885
4. Place of Birth, (Street and Number) E. Eagar St. No. 512.
5. Full Name of Mother, Thekla Wasmuth
6. Mother's Maiden Name, Thekla Walker
7. Mother's Birthplace, Balt. City
8. Full Name of Father, John Wasmuth
9. Father's Occupation, Laborer
10. Father's Birthplace, Balt. City
11. Name of Medical Attendant, or other Person who makes this Return. Mary E. Miller

Address, W. Falls St. No. 26

Remarks,

for each offence to be recovered as other fines are recoverable.

, City Printers and Stationers.

RETURN OF A BIRTH

83069

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
NOV 16 1885
BALTIMORE, MD

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 12th Child

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, 12th of November 1885
4. Place of Birth, (Street and Number) 174 North Chester Street
5. Full Name of Mother, Mary Schwarz
6. Mother's Maiden Name, Mary Hübsch
7. Mother's Birthplace, Baltimore
8. Full Name of Father, George Hübsh
9. Father's Occupation, Cigar maker
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. Crescintia Kunkel

Address, 71 North Chapel Street per Justina Kunkel

Remarks, ~~[illegible]~~ Healthy.

for each offence to be recovered as other fines and forfeitures are recoverable.

, City Printers and Stationers.

83070

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
NOV 13 1885
BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether Male or Female) F

2. Race or Color (if not of the white race)

3. Date of Birth Nov 13th 1885

4. Place of Birth (Street and Number) 7 W Balto St

5. Full Name of Mother Barbara Curry

6. Mother's Maiden Name Barbara Strelein

7. Mother's Birthplace Balto Md

8. Full Name of Father James A Curry

9. Father's Occupation Express Driver

10. Father's Birthplace Ireland

Name of Medical Attendant, or other Person who makes this Return. Chas M. Morfit M D

Address 67 E Balto St

Remarks 1st (L.O.A.) position. Natural & very quick Labor

RETURN OF A BIRTH

82071

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, ~~2d, 3d, &c.~~) First (1st)

1. Sex, (state whether male or ~~female~~) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, November 13th 1865.

4. Place of Birth, (Street and Number) No. 545 East Monument St

5. Full Name of Mother, Mrs. Alice Hohman

6. Mother's Maiden Name, Miss Alice Kinstendorff

7. Mother's Birthplace, Baltimore Maryland

8. Full Name of Father, Mr. John Jacob Hohman

9. Father's Occupation, Hog Butcher

10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other Person who makes this Return. Wm H. Clendinen, M.D.

Address, No. 102 North Broadway

Remarks,

HEALTH DEPARTMENT
NOV 14 1865
BALTIMORE

City Printers and Stationers.

RETURN OF A BIRTH

83072

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, NOV 16 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) Light complexion

3. Date of Birth, November 13th 1885

4. Place of Birth, (Street and Number) 123 St. Paul St.

5. Full Name of Mother, Annie Williams

6. Mother's Maiden Name, " Smith

7. Mother's Birthplace, Baltimore City

8. Full Name of Father, Alexander Williams

9. Father's Occupation, Barber

10. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other Person who makes this Return. Amelia Johnson

Address, No 6 Hamilton St

Remarks,

City Printers and Stationers.

RETURN OF A BIRTH

15307

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
NOV 16 1885
BALTIMORE, MD

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st Child
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	November 11th 1885
4. *Place of Birth, (Street and Number)*	Gilmor St # 1115,
5. *Full Name of Mother,*	Susan G. Constantine
6. *Mother's Maiden Name,*	Susan G. Mahler
7. *Mother's Birthplace,*	Baltimore County
8. *Full Name of Father,*	Edward F. Constantine
9. *Father's Occupation,*	Street Car Driver
10. *Father's Birthplace,*	Baltimore Co
Name of Medical Attendant, or other Person who makes this Return	D. J. Spanier M.D.
Address,	# 279 N. Mount Street
Remarks,	

to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

...TERS AND STATIONERS.

83074

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 13th.

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Wheld
3. *Date of Birth* Nov. 15th 1885
4. *Place of Birth, (Street and Number)* 271 Bank
5. *Full Name of Mother,* Rachel A. Flaherty
6. *Mother's Maiden Name,* " " Minzey
7. *Mother's Birthplace,* B.C.
8. *Full Name of Father,* Michael Flaherty
9. *Father's Occupation,* Ship Carpenter
10. *Father's Birthplace,* B.C.

Name of Medical Attendant, or other Person who makes this Return. Geo. L. Wirthin

Address, 77 So. Broadway

Remarks,

HEALTH DEPARTMENT
NOV 16 1885
BALTIMORE, MD.

Co., City Printers and Stationers.

RETURN OF A BIRTH

83075

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
NOV 16 1885
BALTIMORE MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd Child

1. Sex, (state whether male or female) Boy

2. Race or Color, (if not of the white race) White

3. Date of Birth, 15th of November 1885

4. Place of Birth, (Street and Number) 71 Patterson Park Ave.

5. Full Name of Mother, Mollie Schaerman.

6. Mother's Maiden Name, Mollie Sneider.

7. Mother's Birthplace, Baltimore.

8. Full Name of Father, Dainty Sneider.

9. Father's Occupation, Baker.

10. Father's Birthplace, Baltimore.

Name of Medical Attendant, or other Person who makes this Return. Crescintia Kunkel

Address, 71 North Chapel st. per Justina Kunkel

Remarks, Healthy.

for each offence to be recovered as other fines and forfeitures are recoverable.

., City Printers and Stationers.

RETURN OF A BIRTH

23076

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
NOV 17 1885
BALTIMORE, MD.

any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) .....

Sex, (state whether male ~~or female~~) .....

2. *Race or Color, (if not of the white race)* .....

3. *Date of Birth,* November 6th 1885

4. *Place of Birth, (Street and Number)* No. 23, E. Anne st

5. *Full Name of Mother,* Kate E. Bruff

6. *Mother's Maiden Name,* " " Lefler

7. *Mother's Birthplace,* Baltimore

8. *Full Name of Father,* Joshua C. Bruff

9. *Father's Occupation,* Moulder

10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return Wm. L. Russell

Address, 236 N. Broadway

Remarks, ...

PRINTERS AND STATIONERS.

RETURN OF A BIRTH

83077

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) White -
3. Date of Birth, November 10/85.
4. Place of Birth, (Street and Number) 50 - Edmondson Avenue.
5. Full Name of Mother, Mary A. McEvoy.
6. Mother's Maiden Name, Thornton -
7. Mother's Birthplace, Philadelphia - Penna.
8. Full Name of Father, Charles A. McEvoy.
9. Father's Occupation, Salesman.
10. Father's Birthplace, Balto. Md.

Name of Medical Attendant, or other Person who makes this Return. R. H. Goldsmith -

Address, Harlem av. & Calhoun st.

Remarks,

HEALTH DEPARTMENT
NOV 17 1885
BALTIMORE, MD.

City Printers and Stationers.

83078

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, NOV 17 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) white

3. Date of Birth, November the 10th

4. Place of Birth, (Street and Number) Baltimore Byrd St No 32

5. Full Name of Mother, ida M johnson

6. Mother's Maiden Name, jackson

7. Mother's Birthplace, Baltimore

8. Full Name of Father, william w johnson

9. Father's Occupation, labour

10. Father's Birthplace, annerundle Co Md

Name of Medical Attendant, or other Person who makes this Return. Elisabeth Hathorn

Address, light St No 5.32

Remarks,

for each offence to be recovered as other fines and forfeitures are recoverable.

, City Printers and Stationers.

83079

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT NOV 18 1899 BALTIMORE, MD

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 11th Nov
4. Place of Birth, (Street and Number) Baltimore 124 Bowen St
5. Full Name of Mother, Mary E Schleicher
6. Mother's Maiden Name, Mary E Schultz
7. Mother's Birthplace, Howard Co
8. Full Name of Father, Charles C Schleicher
9. Father's Occupation, Labor
10. Father's Birthplace, Baltimore Co.

Name of Medical Attendant, or other Person who makes this Return. Amitie Bange

Address, 426 Cross Street

Remarks,

for each offence to be recovered as other fines and forfeitures are recoverable.

Co., City Printers and Stationers.

83080

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
NOV 17 1885
BALTIMORE MD

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Fifth
1. Sex (~~state whether Male or~~ Female)	
2. Race or Color (if not of the white race)	Colored
3. Date of Birth	Nov 11th 1885
4. Place of Birth (Street and Number)	4 Gaudie St
5. Full Name of Mother	Elizabeth Johnson
6. Mother's Maiden Name	Fox
7. Mother's Birthplace	Winchester Va
8. Full Name of Father	Ishmael Johnson
9. Father's Occupation	Porter
10. Father's Birthplace	St Michaels Md
Name of Medical Attendant, or other Person who makes this Return.	Elias C. Price M.D.
Address	762 Madison Ave
Remarks	

8306 81

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
NOV 17 1885
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, ~~2d, 3d, &c.~~) .....

1. Sex, (state whether male ~~or female~~) .....
2. Race or Color, (if not of the white race) .....
3. Date of Birth, November 11th 1885-
4. Place of Birth, (Street and Number) 163 N. Caroline-
5. Full Name of Mother, Florence B. Lenkuhl-
6. Mother's Maiden Name, " " Woods-
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Lewis Lenkuhl-
9. Father's Occupation, Tinner-
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return W. L. Russell

Address, 238 N. Broadway-

Remarks, ...

any person or persons who shall hereafter fail to comply with the provision of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

PRINTERS AND STATIONERS.

GIVEN NAME ADDED 6-12-52 83082

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Anna Christiana Bauhaus

HEALTH DEPARTMENT
NOV 17 1885
BALTIMORE, MD

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth* Nov. 11th, 1885
4. *Place of Birth, (Street and Number)* 42 Columbia ave.
5. *Full Name of Mother,* Annie Bauhaus
6. *Mother's Maiden Name,* " Schminke
7. *Mother's Birthplace,* Germany.
8. *Full Name of Father,* George Bauhaus
9. *Father's Occupation,* Barber
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. C. L. Buddenbohn

Address, 146 S. Paca St.

Remarks,

Co., City Printers and Stationers.

RETURN OF A BIRTH

S3083

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
NOV 18 1
BALTIMORE MD

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) white

3. Date of Birth, Nov. 12 1885

4. Place of Birth, (Street and Number) 64 Ridgley st

5. Full Name of Mother, Emilie Mahn

6. Mother's Maiden Name, Emilie Denninger

7. Mother's Birthplace, Baltimore M. D.

8. Full Name of Father, Frank Günther Herman Mahn

9. Father's Occupation, Furniture driver

10. Father's Birthplace, Grabs-Breitenbach Germania

Name of Medical Attendant, or other Person who makes this Return. Emilie Bange

Address, # 426 Cross Street

Remarks, " " "

" " "

...City Printers and Stationers.

RETURN OF A BIRTH

8 30 84

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
NOV 16 1885
BALTIMORE MD

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Third
Sex, (state whether male or female)	Male
Race or Color, (if not of the white race)	White
Date of Birth,	Nov. 13. 1885
Place of Birth, (Street and Number)	726 W Baltimore Street
Full Name of Mother,	Henrietta Werner
Mother's Maiden Name,	Henrietta Plaut
Mother's Birthplace,	Baltimore
Full Name of Father,	Henry Werner
Father's Occupation,	Merchant
Father's Birthplace,	Austria
Name of Medical Attendant, or other Person who makes this Return	A Friedenwald
Address,	88 N Eutaw Street
Remarks,	

RS AND STATIONERS

NOTICE

The succeeding document was received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

83085

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, NOV 17 1885 BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* 13 of November 1885
4. *Place of Birth, (Street and Number)* No 231 Chase Street.
5. *Full Name of Mother,* Mary Katherine Walker
6. *Mother's Maiden Name,* Mary Katherine Gottsleben
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* T. D. Walker
9. *Father's Occupation,* Confectionery Store
10. *Father's Birthplace,* New York

Name of Medical Attendant, or other Person who makes this Return. Mrs Christina Sauer

Address, 73 Harford Ave

Remarks, 1885.

for each offence to be recovered as other fines and forfeits.

Co., City Printers and Stationers.

RETURN OF A BIRTH.

82086

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT, NOV 17 1885 BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Second
1. Sex (~~state whether Male or~~ Female)	
2. ~~Race or Color (if not of~~ the white race)	
3. Date of Birth	Nov 13th 1885
4. Place of Birth (Street and Number)	72 Bolton St
5. Full Name of Mother	Livinia May Conner
6. Mother's Maiden Name	Keys
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Frank Conner
9. Father's Occupation	Com. Merchant
10. Father's Birthplace	Balt
Name of Medical Attendant, or other Person who makes this Return.	Elias C Price
Address	262 Madison Ave
Remarks	

CERTIFICATE CORRECTED 11-17-58 83087

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Lillie M. Johnson

HEALTH DEPARTMENT, NOV 17 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

Sex, (state whether male or female) Female

2. *Race or Color, (if not of the white race)*

3. *Date of Birth,* Nov. 14. 1885

4. *Place of Birth, (Street and Number)* No. 17 E. Eager St

5. *Full Name of Mother,* Cinderella ~~Cinderella~~ Johnson

6. *Mother's Maiden Name,* Cinderella Powell

7. *Mother's Birthplace,* Spotselvania Co. Va.

8. *Full Name of Father,* John W. Johnson

9. *Father's Occupation,* Driver

10. *Father's Birthplace,* Howard Co. Md.

Name of Medical Attendant, or other Person who makes this Return Mrs. Wooden

Address, No 120 Greenmount Av.

Remarks,

Any person or persons who shall neglect, fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

...NTERS AND STATIONERS.

NOTICE

The succeeding documents were received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

83088

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, NOV 17 1885 BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 8th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* 14 of November 1885
4. *Place of Birth, (Street and Number)* No 27 Style Street
5. *Full Name of Mother,* Maggie Meekin
6. *Mother's Maiden Name,* Maggie Kelly
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* John Meekin
9. *Father's Occupation,* Blacksmith
10. *Father's Birthplace,* Ireland

Name of Medical Attendant, or other Person who makes this Return. Mrs Christina Sauer

Address, 173 Hartford Ave

Remarks, 1885.

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

y & Co., City Printers and Stationers.

83089

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
NOV 17 1885
BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 7th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth* Nov. 14th
4. *Place of Birth, (Street and Number)* 144 S. Freemont
5. *Full Name of Mother,* Augusta De Bear
6. *Mother's Maiden Name,* " Elias
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Jacob De Bear
9. *Father's Occupation,* Store-keeper
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return. C. L. Buddenbohm

Address, 111 S. Pres. st.

Remarks,

Co., City Printers and Stationers.

RETURN OF A BIRTH

83090

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
NOV 17 1865
BALTIMORE, MD

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st child
1. *Sex, (state whether male or female)*	female
2. *Race or Color, (if not of the white race)*	white
3. *Date of Birth,*	November 14 — 1865
4. *Place of Birth, (Street and Number)*	Caroline st. 106 —
5. *Full Name of Mother,*	Mary - Gill -
6. *Mother's Maiden Name,*	Mary - Black -
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Noah - Gill -
9. *Father's Occupation,*	engineer -
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Mrs Hannah Brooks
Address,	144 S Bond St Balto.
Remarks,	

...ity Printers and Stationers.

83091

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Anna Elizabeth 3d.

1. Sex, (state whether male or female) Circle female

2. Race or Color, (if not of the white race) White

3. Date of Birth 14 Day of November - 1885

4. Place of Birth, (Street and Number) #47 Vincent Ally

5. Full Name of Mother, Lisybath ~~Graw~~ Hossfeld

6. Mother's Maiden Name, ~~Hossfeld~~ Graw.

7. Mother's Birthplace, Hoof Geismar Germen

8. Full Name of Father, Henry Hosfeld

9. Father's Occupation, Showmaker

10. Father's Birthplace, Freden Walld Germen

Name of Medical Attendant, or other Person who makes this Return. Mrs Maennel Midwife

Address, No 8 Pearl sts

Remarks, GIVEN NAME ADDED. 3-11-52

HEALTH DEPARTMENT NOV 18 1885 BALTIMORE, MD.

Co., City Printers and Stationers.

RETURN OF A BIRTH.

83092

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
NOV 17 1885
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Sixth
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	15 November 1885
4. Place of Birth (Street and Number)	87 N Schroeder
5. Full Name of Mother	Mary E Branning
6. Mother's Maiden Name	Roach
7. Mother's Birthplace	Baltimore
8. Full Name of Father	— — Branning
9. Father's Occupation	Tinner
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	T. P. McCormick M.D.
Address	457 Eutaw Place
Remarks	

RETURN OF A BIRTH.

8309 3

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
NOV 17 1885
BALTIMORE MD

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Second
1. Sex (state whether Male or Female)	Female
2. Race or Color ~~(if not~~ of the white race)	~~Nov 15th 1885~~
3. Date of Birth	Nov 15th 1885
4. Place of Birth (Street and Number)	210 N. Broadway
5. Full Name of Mother	Anna L. Jones
6. Mother's Maiden Name	Mettee
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Alexander Franklin Jones
9. Father's Occupation	Oyster Inspector
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Elias LePrice M.D.
Address	262 Mad. Ave
Remarks	

RETURN OF A BIRTH

823094

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
NOV 17 1885
BALTIMORE, MD

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Fourth
Sex, (state whether male or female)	Male
Race or Color, (if not of the white race)	White
Date of Birth,	Nov 16 1885
Place of Birth, (Street and Number)	#225 Lexington Street
Full Name of Mother,	Henrietta Dorf
Mother's Maiden Name,	Henrietta Reese
Mother's Birthplace,	United States
Full Name of Father,	Samuel Dorf
Father's Occupation,	Merchant
Father's Birthplace,	Austria
Name of Medical Attendant, or other Person who makes this Return	A Friedenwald M.D.
Address,	88 N Eutaw Street
Remarks,	Samuel Faber

RS AND STATIONERS.

83095

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
NOV 18 1885
BALTIMORE, MD

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male ~~or female~~) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Nov 16 1885
4. Place of Birth, (Street and Number) 341 McDonough St
5. Full Name of Mother, Mollie Murgatroyd
6. Mother's Maiden Name, Mollie Mettie
7. Mother's Birthplace, Balto Md
8. Full Name of Father, Geo Murgatroyd
9. Father's Occupation, Merchant
10. Father's Birthplace, Balto Md

Name of Medical Attendant, or other Person who makes this Return. A L Gage M.D.

Address, 361 N Broadway

Remarks,

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

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83096

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT, NOV 17 1885 BALTIMORE, MD.

o. of Child of Mother, (~~state whether 1st, 2d, 3d, &c.~~) 7th

Sex, (~~state whether~~ male ~~or female~~)

Race or Color, (~~if not of the~~ white ~~race~~)

Date of Birth, Nov 16th/885 = 3 A.M.

Place of Birth, (Street and Number) 78 Watson St

Full Name of Mother, Elizabeth Kenny

Mother's Maiden Name, " Daylor

Mother's Birthplace, New York

Full Name of Father, Micheal Kenny

Father's Occupation, Tailor

Fath[illegible] Birthplace, Ireland

Name of Medical Attendant, or other Person who makes this Return. A Tregosherkzer MD

Address, 882 Balto St

Remarks,

ER & STATIONER, BALT.

NOTICE

The succeeding documents were received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

RETURN OF A BIRTH

83097

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
NOV 17 1886
BALTIMORE, MD

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Balto Md
4. Place of Birth, (Street and Number) 21 N Washington St
5. Full Name of Mother, Loise Marsch
6. Mother's Maiden Name, Louse Marsch
7. Mother's Birthplace, Bohemia
8. Full Name of Father, Chris Rockitz
9. Father's Occupation, Tailor
10. Father's Birthplace, Bohemia

Name of Medical Attendant, or other Person who makes this Return. Mary Lofstadt

Address, 69 N Washington St

Remarks,

for each offence to be recovered as other fines and forfeitures are recoverable.

, City Printers and Stationers.

RETURN OF A BIRTH

83098

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 12 Oct 1885
4. *Place of Birth, (Street and Number)* 307 Lancaster
5. *Full Name of Mother,* Ema Susova
6. *Mother's Maiden Name,* " Sos
7. *Mother's Birthplace,* Bohemia
8. *Full Name of Father,* Jos Sos
9. *Father's Occupation,* Tailor
10. *Father's Birthplace,* Bohemia

Name of Medical Attendant, or other Person who makes this Return. Mary Kopitsh

Address, 69 N Washington st

Remarks, 1 888

HEALTH DEPARTMENT
NOV 17 1885
BALTIMORE, MD.

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

...o., City Printers and Stationers.

82099

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, NOV 17 1885 BALTIMORE, MD

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 12 Oct 1885
4. *Place of Birth, (Street and Number)* 28 Bethel
5. *Full Name of Mother,* Mary Lehka
6. *Mother's Maiden Name,* Mary Primus
7. *Mother's Birthplace,* Bohemia
8. *Full Name of Father,* Andrey Primus
9. *Father's Occupation,* Tailor
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mary Kopitsko

Address, 69 N Washington St

Remarks,

City Printers and Stationers.

RETURN OF A BIRTH

82100

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, 13th 1885

4. Place of Birth, (Street and Number) Monument st Road

5. Full Name of Mother, Sofa Mata

6. Mother's Maiden Name, Sofa Zelenka

7. Mother's Birthplace, Bohemia

8. Full Name of Father, Frank Mata

9. Father's Occupation, Tailor

10. Father's Birthplace, Bohemia

Name of Medical Attendant, or other Person who makes this Return. Mary Loftus

Address, 691 Baltimore st

Remarks,

HEALTH DEPARTMENT
NOV 17 1885
BALTIMORE, MD

, City Printers and Stationers.

RETURN OF A BIRTH

83101

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, 13 Oct 1885

4. Place of Birth, (Street and Number) 260 E Oden ave

5. Full Name of Mother, Mary Vita

6. Mother's Maiden Name, Mary Klima

7. Mother's Birthplace, Bohemia

8. Full Name of Father, Jos Klima

9. Father's Occupation, Tailor

10. Father's Birthplace, Bohemia

Name of Medical Attendant, or other Person who makes this Return. Mary Kostal

Address, 69 N Washington st

Remarks,

HEALTH DEPARTMENT
NOV 17 1885
BALTIMORE, MD.

, City Printers and Stationers.

82102

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 15 Oct 1885
4. *Place of Birth, (Street and Number)* 5 N Chester St
5. *Full Name of Mother,* Kate Mathews
6. *Mother's Maiden Name,* Kate Dvorzak
7. *Mother's Birthplace,* Bohemia
8. *Full Name of Father,* Jos Mathews
9. *Father's Occupation,* Tailor
10. *Father's Birthplace,* Bohemia

Name of Medical Attendant, or other Person who makes this Return. May Hoptist

Address, 69 N Washington St

Remarks,

HEALTH DEPARTMENT
NOV 17 1885
BALTIMORE, MD.

for each offence to be recovered as other fines and forfeitures are recoverable.

..., City Printers and Stationers.

RETURN OF A BIRTH

83103

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, 15 Oct 1865

4. Place of Birth, (Street and Number) 112 Bethel 2

5. Full Name of Mother, Mary Zdenka

6. Mother's Maiden Name, Mary Benda

7. Mother's Birthplace, Bohemia

8. Full Name of Father, Jos Benda

9. Father's Occupation, Tailor

10. Father's Birthplace, Bohemia

Name of Medical Attendant, or other Person who makes this Return. Mary Koptish

Address, 69 N Washington st

Remarks,

HEALTH DEPARTMENT
NOV 17 [illegible]
BALTIMORE, MD.

, City Printers and Stationers.

RETURN OF A BIRTH

83104

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, 15 Oct 83

4. Place of Birth, (Street and Number) 521 Washington st

5. Full Name of Mother, Kate Kuntz

6. Mother's Maiden Name, M. Nagel

7. Mother's Birthplace, Detroit

8. Full Name of Father, Frank Kuntz

9. Father's Occupation, Tailor

10. Father's Birthplace, Bavaria

Name of Medical Attendant, or other Person who makes this Return. Mary Lytton

Address, 621 Washington st

Remarks,

HEALTH DEPARTMENT
NOV 17 1883
BALTIMORE, MD

City Printers and Stationers.

RETURN OF A BIRTH

8305

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
NOV 17 1885
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, 15 Oct 1885

4. Place of Birth, (Street and Number) 34 Durham st

5. Full Name of Mother, Mary Stasek

6. Mother's Maiden Name, Mary Sberack

7. Mother's Birthplace, Bohemia

8. Full Name of Father, Joe Stasek

9. Father's Occupation, Tailor

10. Father's Birthplace, Bohemia

Name of Medical Attendant, or other Person who makes this Return. Mary Kopitsch

Address, 691 Washington st

Remarks,

, City Printers and Stationers.

83106

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, NOV 17 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 15 Oct 1885
4. *Place of Birth, (Street and Number)* 123 E Jefferson St
5. *Full Name of Mother,* Kate Marbelly
6. *Mother's Maiden Name,* Kate Hanamon
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Charles Marbelly
9. *Father's Occupation,* Tailor
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return. May Koptish

Address, 69 N Washington St

Remarks,

City Printers and Stationers.

RETURN OF A BIRTH

83107

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 20 Oct 1885
4. Place of Birth, (Street and Number) 70 N Washington St
5. Full Name of Mother, Barbara Wicht
6. Mother's Maiden Name, Barbara Nagal
7. Mother's Birthplace, Germany
8. Full Name of Father, Wilhelm Wicht
9. Father's Occupation, Shoemaker
10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return. Mary Koptisch

Address, 69 N Washington St

Remarks,

HEALTH DEPARTMENT
NOV 17 1885
BALTIMORE, MD

City Printers and Stationers.

83108

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, NOV 17 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 20 Oct 1885
4. *Place of Birth, (Street and Number)* 505 Edger St
5. *Full Name of Mother,* Anna Staska
6. *Mother's Maiden Name,* ~~m~~ Staška
7. *Mother's Birthplace,* Bohemia
8. *Full Name of Father,* Jos Staska
9. *Father's Occupation,* Tailor
10. *Father's Birthplace,* Bohemia

Name of Medical Attendant, or other Person who makes this Return. Mary Koptish

Address, 691 Washington St

Remarks,

or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of ... for each offence to be recovered as other fines and forfeitures are recoverable.

Co., City Printers and Stationers.

RETURN OF A BIRTH

82109

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, 26 Oct 1885

4. Place of Birth, (Street and Number) 154 S Regester St

5. Full Name of Mother, Barbara Melinger

6. Mother's Maiden Name, Barbara Lange

7. Mother's Birthplace, Germany

8. Full Name of Father, John Lengel

9. Father's Occupation, Tailor

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return, Mary Koplish

Address, 69 N Washington St

Remarks,

HEALTH DEPARTMENT
NOV 17 1885
BALTIMORE, MD

City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, NOV 17 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 20 Oct 1885
4. Place of Birth, (Street and Number) 258 E Jefferson
5. Full Name of Mother, Mary Sima
6. Mother's Maiden Name, Mary Sima
7. Mother's Birthplace, Bohemia
8. Full Name of Father, John Varrina
9. Father's Occupation, Tailor
10. Father's Birthplace, Bohemia

Name of Medical Attendant, or other Person who makes this Return. Mary Koptich

Address, 69 N Washington

Remarks,

...be in attendance of the Commissioner of Health, to the provisions of this section, shall be ... report its birth to the Commissioner of Health, to the provisions of this section, shall be ... or persons who shall hereafter fail to comply with the provisions of this section, shall be ... for each offence to be recovered as other fines and forfeitures are recoverable.

...y & Co., City Printers and Stationers.

83111

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, NOV 17 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 20 Oct 1885
4. *Place of Birth, (Street and Number)* 22 N Dallas St
5. *Full Name of Mother,* Kate Rejek
6. *Mother's Maiden Name,* Kate Sinverwar
7. *Mother's Birthplace,* Bohemia
8. *Full Name of Father,* Jos Rejek
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Bohemia

Name of Medical Attendant, or other Person who makes this Return. May Kopitsch

Address, 69 N Wasting St

Remarks,

City Printers and Stationers.

83112

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, NOV 17 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 20 Oct 1885
4. *Place of Birth, (Street and Number)* 300 N Durham St
5. *Full Name of Mother,* Barbara Kochka
6. *Mother's Maiden Name,* 1" Schoney
7. *Mother's Birthplace,* Bohemia
8. *Full Name of Father,* Jos Kochka
9. *Father's Occupation,* Tailor
10. *Father's Birthplace,* Bohemia

Name of Medical Attendant, or other Person who makes this Return. Mary Koptish

Address, 69 N Washington St

Remarks,

for each offence to be recovered as other fines and forfeitures are recoverable.

...o., City Printers and Stationers.

83113

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
NOV 17 1885
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 23 Oct 1885
4. *Place of Birth, (Street and Number)* 175 N Dallas St
5. *Full Name of Mother,* Anta Smartine
6. *Mother's Maiden Name,* Antone Whither
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* William Smartine
9. *Father's Occupation,* Tailor
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return. Mary Kopfleck

Address, 69 N Washington St

Remarks,

City Printers and Stationers.

RETURN OF A BIRTH

823114

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
NOV 17 1885
BALTIMORE, MD

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, 24 Oct 1885

4. Place of Birth, (Street and Number) 28 E Barnes

5. Full Name of Mother, Barbara Novotney

6. Mother's Maiden Name, " " " Maley

7. Mother's Birthplace, Bohemia

8. Full Name of Father, Slavia Maley

9. Father's Occupation, Tailor

10. Father's Birthplace, Bohemia

Name of Medical Attendant, or other Person who makes this Return. May Hospital Dr

Address, 69 N Washington st

Remarks,

City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

82115

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Boy

2. Race or Color, (if not of the white race) White

3. Date of Birth, 25 Oct 1885

4. Place of Birth, (Street and Number) 134 N Chapple

5. Full Name of Mother, Barbara Smith

6. Mother's Maiden Name, " Clark

7. Mother's Birthplace, Germany

8. Full Name of Father, Frank Smith

9. Father's Occupation, Laborer

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return. Mary Whitaker

Address, 69 N Washington St

Remarks,

HEALTH DEPARTMENT
NOV 17 1885
BALTIMORE, MD

for each offence to be recovered as other fines and penalties are recovered.

, City Printers and Stationers.

83116

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 28 Oct 1885
4. *Place of Birth, (Street and Number)* 261 Hartman
5. *Full Name of Mother,* Barbara Ceska
6. *Mother's Maiden Name,* Barbar Ceshka
7. *Mother's Birthplace,* Bohemia
8. *Full Name of Father,* Jan Yourochek
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Bohemia

Name of Medical Attendant, or other Person who makes this Return. Mary Koptish

Address, 69 N Washington St

Remarks,

HEALTH DEPARTMENT
NOV 17 1885
BALTIMORE, MD.

for each offence to be recovered as other fines and forfeitures are recoverable.

..., City Printers and Stationers.

RETURN OF A BIRTH

S3117

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) white

3. Date of Birth, 28 October

4. Place of Birth, (Street and Number) 107 N. Chester

5. Full Name of Mother, Anna Elisabeth Hoeck

6. Mother's Maiden Name, Fisher

7. Mother's Birthplace, Baltimore

8. Full Name of Father, George R. Hoeck

9. Father's Occupation, Cabinet Maker

10. Father's Birthplace, Himmelsberg Prussia

Name of Medical Attendant, or other Person who makes this Return. Mary Loftus

Address, 69 N Washington St

Remarks,

HEALTH DEPARTMENT
NOV 17 19[illegible]
BALTIMORE, MD.

for each offence to be recovered as other fines and to inure to the use of the city.

, City Printers and Stationers.

RETURN OF A BIRTH

83118

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
NOV 17 19[illegible]
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, 28 Oct 1885

4. Place of Birth, (Street and Number) 120 1/2 Washington

5. Full Name of Mother, Josephine Miller

6. Mother's Maiden Name, Josephine Vitula

7. Mother's Birthplace, Bohemia

8. Full Name of Father, Vilem Miller

9. Father's Occupation, Laborer

10. Father's Birthplace, Bohemia

Name of Medical Attendant, or other Person who makes this Return. Mary Kopitsch

Address, 69 N Washington st

Remarks,

City Printers and Stationers.

83119

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, NOV 19 1885 BALTIMORE, MD

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* Oct 7th 1885
4. *Place of Birth, (Street and Number)* #73 Forrest St
5. *Full Name of Mother,* Mary Rollmann
6. *Mother's Maiden Name,* " Pilgrim
7. *Mother's Birthplace,* Pennsylvania
8. *Full Name of Father,* Mrs Rollmann
9. *Father's Occupation,* Carpenter
10. *Father's Birthplace,* Balto. Md.

Name of Medical Attendant, or other Person who makes this Return. Mrs Hena Stillegeist

Address, #182 E Monument St

Remarks,

...y & Co., City Printers and Stationers.

...or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

83120

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, NOV 19 1885 BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 7th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth Oct 14th 1885
4. Place of Birth, (Street and Number) #142 Chew St.
5. Full Name of Mother, Augusta Beckmann
6. Mother's Maiden Name, " Crone
7. Mother's Birthplace, Germany
8. Full Name of Father, G. Beckmann
9. Father's Occupation, Cutter
10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs Lena Hillegeist

Address, #182 E Monument St.

Remarks,

Co., City Printers and Stationers.

83121

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, NOV 19 1885 BALTIMORE, MD

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth Oct 17th 1885
4. Place of Birth, (Street and Number) #136 Sterling St.
5. Full Name of Mother, Emma Smith
6. Mother's Maiden Name, " John
7. Mother's Birthplace, Balto Md
8. Full Name of Father, George Smith
9. Father's Occupation, N. C. Railroad (day laborer)
10. Father's Birthplace, Balto Md

Name of Medical Attendant, or other Person who makes this Return. Mrs Dena Hilligeist

Address, #82 E. Monument St

Remarks,

report its birth to the Commissioner of Health, in the manner and [illegible] or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

hy & Co., City Printers and Stationers.

83122

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, NOV 19 1885 BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* Oct 19th 1885
4. *Place of Birth, (Street and Number)* #350 N Linn St
5. *Full Name of Mother,* E. Goetze
6. *Mother's Maiden Name,* Back
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* J. H. Goetze
9. *Father's Occupation,* Fruit Packer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs Lena Stillegeist

Address, #182 E Monument St

Remarks,

Co., City Printers and Stationers,

83123

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, NOV 19 1885 BALTIMORE, MD

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 9th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* Oct. 21st 1885.
4. *Place of Birth, (Street and Number)* 45 Pennsylvania Av.
5. *Full Name of Mother,* Amy Mon. Gonitz
6. *Mother's Maiden Name,* " Lee Vinquet
7. *Mother's Birthplace,* Balto. Md.
8. *Full Name of Father,* John Mon. Gonitz
9. *Father's Occupation,* Restaurant
10. *Father's Birthplace,* Ireland

Name of Medical Attendant, or other Person who makes this Return. Mrs. Hena Hillegeist

Address, 182 E. Monument St.

Remarks,

for each offence to be recovered as other fines and forfeitures are recoverable.

A Co., City Printers and Stationers.

83124

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, NOV 19 1885 BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* Oct. 23rd 1885.
4. *Place of Birth, (Street and Number)* #246 Caroline St
5. *Full Name of Mother,* Gustina Hohmann
6. *Mother's Maiden Name,* Walch
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Conrad Hohmann
9. *Father's Occupation,* Blacksmith
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs Lena Hillegeist

Address, #182 E Monument St.

Remarks,

report the birth to the Commissioner of Health, in the manner and within the period [illegible] or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

[illegible]ny & Co., City Printers and Stationers.

83125

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, NOV 19 1885 BALTIMORE, MD

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* Oct. 24th 1885
4. *Place of Birth, (Street and Number)* Quaker Lane
5. *Full Name of Mother,* Annie Jones
6. *Mother's Maiden Name,* Vogle
7. *Mother's Birthplace,* Tonsontown
8. *Full Name of Father,* Thomas Jones
9. *Father's Occupation,* Painter
10. *Father's Birthplace,* Virginia

Name of Medical Attendant, or other Person who makes this Return. Mrs. Henry Hillegeist

Address, 1102 E. Monument St.

Remarks,

report its birth to the Commissioner of Health, in the manner, in the provisions of this section, shall be subjected to the fine of ten (10) dollars or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

...ny & Co., City Printers and Stationers.

RETURN OF A BIRTH.

83126

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth Nov 3rd 1885
4. Place of Birth, (Street and Number) #165 East St
5. Full Name of Mother, Lena Steedmann
6. Mother's Maiden Name, Weber
7. Mother's Birthplace, Balto. Md.
8. Full Name of Father, John Steedmann
9. Father's Occupation, Engineer
10. Father's Birthplace, Scotland

Name of Medical Attendant, or other Person who makes this Return. Mrs. Lena Hillegeist

Address, #182 E Monument St

Remarks,

HEALTH DEPARTMENT
NOV 19 1885
BALTIMORE, MD.

Co., City Printers and Stationers.

NOTICE

The succeeding documents were received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

83127

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, NOV 19 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Ehrit 10

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Nov 5th
4. *Place of Birth, (Street and Number)* 427 Washington st
5. *Full Name of Mother,* Lizzie Thomson
6. *Mother's Maiden Name,* Lizzie Polten
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Robert Thomson
9. *Father's Occupation,* Brick Layer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mr Brown

Address, No 6 Chester st Bedair Ave

Remarks,

report its birth to the Commissioner of Health, in the manner and within the period above required, and any other person who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

Co., City Printers and Stationers.

RETURN OF A BIRTH.

83128

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, NOV 19 1885 BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth* born november 6 1885
4. *Place of Birth, (Street and Number)* 77 Gaylord Street Baltimore
5. *Full Name of Mother,* Maria Newman
6. *Mother's Maiden Name,* Maria Hawkins
7. *Mother's Birthplace,* Harford County Md
8. *Full Name of Father,* Charles Newman
9. *Father's Occupation,* wagon Driver
10. *Father's Birthplace,* Hancock Md

Name of Medical Attendant, or other Person who makes this Return. Mary E Jones

Address,

Remarks,

Co., City Printers and Stationers.

83129

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, NOV 19 1885 BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth* Born November 7 1885
4. *Place of Birth, (Street and Number)* 135 Harmony Lane
5. *Full Name of Mother,* Laura Ringgold
6. *Mother's Maiden Name,* Laura Lockman
7. *Mother's Birthplace,* Baltimore M D
8. *Full Name of Father,* Charles Lockman
9. *Father's Occupation,* waiter
10. *Father's Birthplace,* Baltimore M D

Name of Medical Attendant, or other Person who makes this Return. Mary C Jones

Address,

Remarks,

...report its birth to the Commissioner of Health, in the manner ... or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

...y & Co., City Printers and Stationers.

83130

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
NOV 19 1885
BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1. *Sex*, (state whether male or female) male
2. *Race or Color*, (if not of the white race) Colored
3. *Date of Birth* [illegible] 1885
4. *Place of Birth*, (Street and Number) 17 [illegible] Street
5. *Full Name of Mother*, Mary [illegible]
6. *Mother's Maiden Name*, Mary Handy
7. *Mother's Birthplace*, [illegible] County Md
8. *Full Name of Father*, James Handy
9. *Father's Occupation*, Farmer
10. *Father's Birthplace*, [illegible] Va

Name of Medical Attendant, or other Person who makes this Return. Mary E Jones

Address,

Remarks,

Co., City Printers and Stationers.

83131

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, NOV 19 1885 BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth* born November 9 1885
4. *Place of Birth, (Street and Number)* 2 Little Pine street
5. *Full Name of Mother,* Mary young
6. *Mother's Maiden Name,* Mary Johnson
7. *Mother's Birthplace,* Hosford County
8. *Full Name of Father,* Stephen young
9. *Father's Occupation,* Had Cassier
10. *Father's Birthplace,* Hosford County

Name of Medical Attendant, or other Person who makes this Return. Mary C Jones

Address,

Remarks,

for each offence to be recovered as other fines and forfeitures are recoverable.

A Co., City Printers and Stationers.

83132

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1 te

1. *Sex, (state whether male or female)* Mädchen
2. *Race or Color, (if not of the white race)* Witte
3. *Date of Birth* 12 ten November 1885
4. *Place of Birth, (Street and Number)* ~~W~~ Hiettstrit No 9
5. *Full Name of Mother,* Karoline Axthelm.
6. *Mother's Maiden Name,* Glopp.
7. *Mother's Birthplace,* Germanien
8. *Full Name of Father,* Julius Axthelm
9. *Father's Occupation,* Bäcker
10. *Father's Birthplace,* Germanien.

Name of Medical Attendant, or other Person who makes this Return.

Address, Karoline Schwarz Eliesbets Elle No 5

Remarks,

HEALTH DEPARTMENT, NOV 15 1885 BALTIMORE, MD.

Co., City Printers and Stationers.

RETURN OF A BIRTH

83133

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th Child

1. Sex, (state whether male or female) [illegible]

2. Race or Color, (if not of the white race) White

3. Date of Birth, 14th of November

4. Place of Birth, (Street and Number) No 197 Frederick [illegible]

5. Full Name of Mother, Mrs. Klein

6. Mother's Maiden Name, Miss Colman

7. Mother's Birthplace, Born Baltimore

8. Full Name of Father, B. Mr Charle Klein

9. Father's Occupation, Driver

10. Father's Birthplace, Born Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs. Killer

Address, 1017 west Pratt st city

Remarks,

HEALTH DEPARTMENT
NOV 18 1885
BALTIMORE, MD.

ity Printers and Stationers.

83134

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Cenod Child

1. Sex, (state whether male or female) Little Girl

2. Race or Color, (if not of the white race) White race

3. Date of Birth, 14th of November 1885

4. Place of Birth, (Street and Number) Baltimore No 70 Frederick

5. Full Name of Mother, Mrs. Beuthowch

6. Mother's Maiden Name, Miss. Kolfa

7. Mother's Birthplace, Born. Bolen. Germany

8. Full Name of Father, Mr John Beuthowch

9. Father's Occupation, Taylor.

10. Father's Birthplace, Born Bolen Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs Killer

Address, 1017 west Pratt st city

Remarks,

HEALTH DEPARTMENT NOV 16 1885 BALTIMORE, MD.

City Printers and Stationers.

83135

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2te

1. *Sex, (state whether male or female)* Mädchen
2. *Race or Color, (if not of the white race)* Witte
3. *Date of Birth* 14ten November 1885
4. *Place of Birth, (Street and Number)* Elisabets Elle No 11
5. *Full Name of Mother,* Mäge Liffrin
6. *Mother's Maiden Name,* Basler
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Trans Liffrin
9. *Father's Occupation,* Workmann
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Address, Karoline Schwarz Elisabets Elle No 5

Remarks,

HEALTH DEPARTMENT, NOV 18 1885 BALTIMORE, MD.

Co., City Printers and Stationers.

RETURN OF A BIRTH

82136

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
NOV 18 1885
BALTIMORE, MD

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second Child

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race) White

3. Date of Birth, 16th of November 1885

4. Place of Birth, (Street and Number) No 212 Scott st Baltimore

5. Full Name of Mother, Mrs. Sloan

6. Mother's Maiden Name, Miss Smith

7. Mother's Birthplace, Born Baltimore

8. Full Name of Father, Mr. Sloan

9. Father's Occupation, Laborer

10. Father's Birthplace, Born Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs Killer

Address, 1017 west Pratt st

Remarks,

City Printers and Stationers.

NOTICE

The succeeding document was received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

RETURN OF A BIRTH

83137

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Nov 16

4. Place of Birth, (Street and Number) Belair Ave

5. Full Name of Mother, Kate Sudbrink

6. Mother's Maiden Name, Kate Ewing

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Henry Sudbrink

9. Father's Occupation, Tailor

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs Burns

Address, 816 Lexington st Belair Ave

Remarks,

HEALTH DEPARTMENT
NOV 19 1885
BALTIMORE, MD

, City Printers and Stationers.

RETURN OF A BIRTH,

83138

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
NOV 18 1885
BALTIMORE, MD

No. [redacted] Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. Sex (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth Nov 18th 1885.
4. Place of Birth, (Street and Number) 81 Peirce St
5. Full Name of Mother Sarah F. Calhoun Jobs.
6. Mother's Maiden Name Sarah F. Calhoun.
7. Mother's Birthplace Baltimore
8. Full Name of Father Zebyden Jobs
9. Father's Occupation Porter
10. Father's Birthplace Maryland

[redacted] Name of Medical Attendant, or other Person who makes this Return. Robt J. Wilson. M.D.

Address 1146 & 152 Park Ave.

Remarks

RETURN OF A BIRTH

83139

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
NOV 19 1885
BALTIMORE, MD.

of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

Sex, (state whether male or female) Male

Race or Color, (if not of the white race) Mulatto.

Date of Birth, 18th. Nov. 1885

Place of Birth, (Street and Number) 48 Josephine st.

Full Name of Mother Kate Smith.

Mother's Maiden Name, Kate Henderson

Mother's Birthplace, Accomac Co. Va.

Full Name of Father, Henry Smith.

Father's Occupation, Laborer

Father's Birthplace Accomac Co. Va.

Name of Medical Attendant, or other Person who makes this Return J. Hewlett Hammond.

Address, 65 Arch st.

Remarks,

...S AND STATIONERS

RETURN OF A BIRTH.

53140

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
NOV 19 1885
BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth Nov 6. 10

4. Place of Birth (Street and Number) 181 W Fayette

5. Full Name of Mother Ellen

6. Mother's Maiden Name Farmer

7. Mother's Birthplace Virginia

8. Full Name of Father Philip Fink

9. Father's Occupation Oatmeal

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. L Fetterman MD

Address 258 Madison ave

Remarks

RETURN OF A BIRTH

153/41

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Nov. 10th 1885

4. Place of Birth, (Street and Number) 175 Prestman

5. Full Name of Mother, Almira Hutchins

6. Mother's Maiden Name, Lee

7. Mother's Birthplace, Balto. City

8. Full Name of Father, Wm H. Hutchins

9. Father's Occupation, Clerk

10. Father's Birthplace, Balto. Co. Md.

Name of Medical Attendant, or other Person who makes this Return J. H. Sheridan. M.D.

Address,

Remarks,

HEALTH DEPARTMENT NOV 20 1885 BALTIMORE, MD.

to a fine of ten dollars for each offence, to be recovered as other fines are recovered.

...TERS AND STATIONERS.

83 ~~148~~ 42

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, NOV 19 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* November 11th
4. *Place of Birth, (Street and Number)* Clement St
5. *Full Name of Mother,* Harrett Black
6. *Mother's Maiden Name,* Harret Bulb
7. *Mother's Birthplace,* East Liverpool
8. *Full Name of Father,* Thomas J. Black
9. *Father's Occupation,* Pather
10. *Father's Birthplace,* Scotland

Name of Medical Attendant, or other Person who makes this Return. Mrs. Ettel

Address, R. 13 Cuba St

Remarks,

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of [illegible] for each offence to be recovered as other fines and forfeitures are recoverable.

Co., City Printers and Stationers.

RETURN OF A BIRTH

8314 3

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
NOV 19 1885
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6 th

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, November 11. 1885

4. Place of Birth, (Street and Number) No 12 Nickelson St

5. Full Name of Mother, Kate Hehnsman

6. Mother's Maiden Name, Kate Bauhaus

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Barnet Hehnsman

9. Father's Occupation, Cigar Maker

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs Ettel

Address, No 13 Eutaw St

Remarks,

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the like of ten dollars for each offence to be recovered as other fines and forfeitures are recoverable.

Co., City Printers and Stationers.

83144

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth* 11th Nov.
4. *Place of Birth, (Street and Number)* 524 Cross st.
5. *Full Name of Mother,* Rosina Frech
6. *Mother's Maiden Name,* " Kählein
7. *Mother's Birthplace,* Balto.
8. *Full Name of Father,* Frederich Kahlein
9. *Father's Occupation,* Tinner
10. *Father's Birthplace,* Pensylvania

Name of Medical Attendant, or other Person who makes this Return. L. L. Bradden

Address, 166 S. Paca st.

Remarks,

HEALTH DEPARTMENT, NOV 20 1885 BALTIMORE, MD.

Co., City Printers and Stationers.

RETURN OF A BIRTH.

83145

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT,
NOV 20 1885
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* Nov 11th
4. *Place of Birth (Street and Number)* # 78 Sarah St.
5. *Full Name of Mother* Lizzie Davis
6. *Mother's Maiden Name*
7. *Mother's Birthplace* West Rive Md
8. *Full Name of Father*
9. *Father's Occupation* Butcher
10. *Father's Birthplace* Hagerstown Md

Name of Medical Attendant, or other Person who makes this Return. Jane Carter

Address # 17 Hamilton St Balto

Remarks

83146

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* (12) 21 th of November
4. *Place of Birth, (Street and Number)* 130 Cambridge street
5. *Full Name of Mother,* Barby Stromer
6. *Mother's Maiden Name,* Barby Reakle
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Joe stromer
9. *Father's Occupation,* Labor
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs E Fray

Address, 193 South Chester st.

Remarks, Healthy Child

HEALTH DEPARTMENT NOV 20 1885 BALTIMORE, MD

Co., City Printers and Stationers.

NOTICE

The succeeding documents were received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

RETURN OF A BIRTH.

83147

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
NOV 19 1885
BALTIMORE MD

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	6 th
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	17 of November 1885
4. Place of Birth (Street and Number)	№ 17 Abbott St
5. Full Name of Mother	Anna Pazourek
6. Mother's Maiden Name	" Volek
7. Mother's Birthplace	Bohemia
8. Full Name of Father	Peter Pazourek
9. Father's Occupation	Foreman on B. R.
10. Father's Birthplace	Bohemia
Name of Medical Attendant, or other Person who makes this Return.	Katerina Pazourek
Address	№ 41 Abbott St
Remarks	Born Live

Missing 83148 - 83150, incl.

83151

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, NOV 19 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* Nov 14th 1885
4. *Place of Birth, (Street and Number)* No 4 Vincent St
5. *Full Name of Mother,* Emily Smith
6. *Mother's Maiden Name,* Emily Mecker
7. *Mother's Birthplace,* Va
8. *Full Name of Father,* Frederick Smith
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Md.

Name of Medical Attendant, or other Person who makes this Return. Jane Woodland

Address, 16 Bruce St

Remarks,

ity Printers and Stationers.

RETURN OF A BIRTH,

83152

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
NOV 19 1885
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th

1. Sex (state whether male or female) Female male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth 14th of November 12-30 A.M.
4. Place of Birth, (Street and Number) 432 N. Spring St. Balto Md
5. Full Name of Mother Mary E. Bridges
6. Mother's Maiden Name Ebbs
7. Mother's Birthplace Baltimore
8. Full Name of Father John H Bridges
9. Father's Occupation Barber
10. Father's Birthplace Baltimore

Name of Medical Attendant or other Person who makes this Return. Ann Chambers Midwife

Address No 9 Union St near Eden.

Remarks Mother & Child doing well

Missing 83153

83154

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, NOV 20 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) ~~Alice~~ 4 Bamon 15 Oct 1885

1. *Sex, (state whether male or female)* Mail
2. *Race or Color, (if not of the white race)* Colord
3. *Date of Birth,* Sunday 15
4. *Place of Birth, (Street and Number)* No 270 Medough street
5. *Full Name of Mother,* Alice Bamon
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Alexander
8. *Full Name of Father,* Bungman Bamon
9. *Father's Occupation,* Water
10. *Father's Birthplace,* Ritchmon vg

Name of Medical Attendant, or other Person who makes this Return Mineata Glasser

Address, Mc Celdry street Exstending

Remarks, she well as can be expected

to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

...NTERS AND STATIONERS.

83155

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, NOV 20 1885 BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st.

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth* Nov. 17th
4. *Place of Birth, (Street and Number)* 235 Germany St.
5. *Full Name of Mother,* Louisa Reitze
6. *Mother's Maiden Name,* " Theis
7. *Mother's Birthplace,* Balto.
8. *Full Name of Father,* Justus Reitze
9. *Father's Occupation,* Tailor
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return. C. L. Buddenbohm

Address, 166 S. Paca st.

Remarks,

Co., City Printers and Stationers.

RETURN OF A BIRTH

8315 L

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
NOV 20 1885
BALTIMORE, MD.

No. of Child of Mother, (state whether ~~1st~~, 2d, ~~3d, &c.~~) No 2

Sex, (state whether male or female) Female

Race or Color, (if not of the white race) White

Date of Birth, Nov 18th 1885

Place of Birth, (Street and Number) 57 Valley Street

Full Name of Mother, Mary McCroskey Dunn

Mother's Maiden Name, "

Mother's Birthplace, Balto

Full Name of Father, James Dunn

Father's Occupation, Clerk in Bank Balto

Father's Birthplace, Balto

Name of Medical Attendant, or other Person who makes this Return — C B Gamble M D

Address, 59 Caroline

Remarks,

CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

153 N 7

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Nov. 19th 1885.

4. Place of Birth, (Street and Number) 410 Federal St.

5. Full Name of Mother, Julia Smith

6. Mother's Maiden Name, Lee' Cates

7. Mother's Birthplace, Md.

8. Full Name of Father, Levin B. Smith

9. Father's Occupation, Canvaser

10. Father's Birthplace, Md.

Name of Medical Attendant, or other Person who makes this Return J. H. Christian M.D.

Address, 516 Mad. Ave.

Remarks,

HEALTH DEPARTMENT NOV 20 1885 BALTIMORE MD

to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

PRINTERS AND STATIONERS.

83158

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Second

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth No. 10th 188[illegible]
4. Place of Birth, (Street and Number) 61 Orchard Street
5. Full Name of Mother, Lucretia Upshur
6. Mother's Maiden Name, Lucretia Wilson
7. Mother's Birthplace, Prince Ann County Md
8. Full Name of Father, Henry Upshur
9. Father's Occupation, Coachman
10. Father's Birthplace, Prince Ann County Md
11. Name of Medical Attendant, or other Person who makes this Return. Hester ~~County~~ Lotence

Address, 39 Little Monument Street

Remarks,

HEALTH DEPARTMENT, NOV 20 188[illegible] BALTIMORE, MD

for each offence to be recovered as other fines and forfeitures are recoverable.

& Co., City Printers and Stationers.

NOTICE

The succeeding document was received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

RETURN OF A BIRTH

831

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
NOV 2[illegible] 18[illegible]
BALTIMORE MD

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex, (state whether male or female)* White
2. *Race or Color, (if not of the white race)* Nov 12/83
3. *Date of Birth,* #415 S. Eutaw
4. *Place of Birth, (Street and Number)* Bridget Wise
5. *Full Name of Mother,* " Carran
6. *Mother's Maiden Name,* Balto Ms
7. *Mother's Birthplace,* John Wise
8. *Full Name of Father,* Grocer + Provision dealer
9. *Father's Occupation,* Balto Md
10. *Father's Birthplace,*

Name of Medical Attendant, or other Person who makes this Return. H. L. Spicer Mr

Address, 387 W. Lombard St

Remarks,

[illegible] and occupation of its [illegible] by the practitioner in the form of a [illegible] to the Office of the Commissioner of Health. In case the [illegible] of a Physician or practitioner of midwifery, or should no other person [illegible], immediately thereafter it shall become the duty of the person or parents of such child to [illegible] to the Commissioner of Health, in the manner and within the period [illegible] required, and any such person [illegible] persons who shall [illegible] fail to comply with the provisions of this section, shall be [illegible] to the fine of ten (10) dollars for each offense to be [illegible] as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

83160

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
NOV. 20 1885
BALTIMORE MD

of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3d
Sex, (state whether male or female)	male
Race or Color, (if not of the white race)	Colored
Date of Birth,	November 14 1885
Place of Birth, (Street and Number)	~~No 25 Camel Alley~~
Full Name of Mother	No 25 Camel Alley
Mother's Maiden Name,	Annie Carrell
Mother's Birthplace,	Anand- Co Md
Full Name of Father,	Freidrick Carrill
Father's Occupation,	Brickmason
Father's Birthplace	Ar An Co Md
Name of Medical Attendant, or other Person who makes this Return	Lucy Cornish
Address,	12 Jordan Alley Balto Md
Remarks,	

AND STATIONERS

RETURN OF A BIRTH.

83161

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
NOV 20 1885
BALTIMORE MD

No. Child of Mother (state whether 1st, 2d, 3d, &c.) 7

Sex, (state whether male or female) Male

Race or Color, (if not of the white race)

State of Birth No. 14. 1885

Place of Birth, (Street and Number) 115 N. Durham St.

Full Name of Mother, Doretha Lindt

" Warner

Mother's Maiden Name,

Mother's Birthplace, Balto Md.

Full Name of Father, Fredrick Lindt

Father's Occupation, Driver of a Furniture Wagon

Father's Birthplace, Balto. Md

Name of Medical Attendant, or other Person who makes this Return. Caroline Miller

Address, #5 Walker St. Balto. Md.

Remarks,

or persons who shall hereafter fail to comply with the provisions of this Section, shall for each offence to be recovered as other fines and forfeitures are recoverable.

& Co., City Printers and Stationers.

83162

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6, Liea. Dogpter

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 2 November 1885
4. Place of Birth, (Street and Number) E. Prat St. N. 176.
5. Full Name of Mother, Sara Rosenshtein.
6. Mother's Maiden Name, Sara. Shteiman.
7. Mother's Birthplace, Russia.
8. Full Name of Father, Rosenshtein.
9. Father's Occupation, Failor.
10. Father's Birthplace, Russia

Name of Medical Attendant, or other Person who makes this Return. E Schirman

Address, Albemarle st N 26

Remarks,

HEALTH DEPARTMENT
NOV 23 1885
BALTIMORE, MD.

report its birth to the Commissioner of Health, in the manner and [illegible] or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

& Co., City Printers and Stationers.

8316

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
NOV 23 1885
BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Third
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	November 24th 1885
4. Place of Birth (Street and Number)	31 S. Eden St.
5. Full Name of Mother	Ella V. Watson
6. Mother's Maiden Name	Ella V Green
7. Mother's Birthplace	Baltimore Md
8. Full Name of Father	John D Watson
9. Father's Occupation	Salesman
Father's Birthplace	Catonsville Balto Co
Name of Medical Attendant, or other Person who makes this Return.	A G Watson
Address	377 N. Central Ave
Remarks	

RETURN OF A BIRTH

83164

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 Jacobe boy.

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, 5 November 1883

4. Place of Birth, (Street and Number) Cross Spring N 46

5. Full Name of Mother, Linney Hertch.

6. Mother's Maiden Name, Linney Bar.

7. Mother's Birthplace, Russia

8. Full Name of Father, Issac - Hertch.

9. Father's Occupation, Faillor

10. Father's Birthplace, Russia.

Name of Medical Attendant, or other Person who makes this Return. E Schirmann

Address, Albemarle st N 26

Remarks,

HEALTH DEPARTMENT NOV 1883 365 BALTIMORE, MD

City Printers and Stationers.

83165

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4. german. boy.

Sex, (state whether male or female) Male.

2. Race or Color, (if not of the white race) White.

3. Date of Birth, 10, November 1885.

4. Place of Birth, (Street and Number) n. Front St, N 118.

5. Full Name of Mother, Baily Branskey.

6. Mother's Maiden Name, Baily Winokure

7. Mother's Birthplace, Russia.

8. Full Name of Father, Simon Branskey.

9. Father's Occupation, Cigar. mecer.

10. Father's Birthplace, Russia.

Name of Medical Attendant, or other Person who makes this Return. E Schirman

Address, Albemarle st N 26

Remarks,

HEALTH DEPARTMENT
NOV 23 1885
BALTIMORE, MD.

...or persons who shall hereafter fail to comply with the provisions of this Return, for each offence to be recovered as other fines and forfeitures are recoverable.

...o., City Printers and Stationers.

83166

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Fifth (5th)

Sex, (state whether male or female) Female

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth* Nov 11th

4. *Place of Birth, (Street and Number)* No 98. Hollins St

5. *Full Name of Mother,* Annie Devaux

6. *Mother's Maiden Name,* " Connelly

7. *Mother's Birthplace,* Ireland

8. *Full Name of Father,* Louis Anthony Devaux

9. *Father's Occupation,* Florist

10. *Father's Birthplace,* Baltimore. Md

Name of Medical Attendant, or other Person who makes this Return. Susan Hunter

Address, 21 N. Poppelton St

Remarks,

HEALTH DEPARTMENT
NOV 21 1885
BALTIMORE MD

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

y & Co., City Printers and Stationers.

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83167

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 10th Child

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* 13th of [illegible] 1855
4. *Place of Birth, (Street and Number)* Balto. No 1 Oxford Str
5. *Full Name of Mother,* Mary Knell
6. *Mother's Maiden Name,* Mary Bucher
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* George Knell
9. *Father's Occupation,* Shoemaker
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Susan Hunter

Address, 21 No Poppelton St

Remarks,

HEALTH DEPARTMENT
NOV 21 1885
BALTIMORE, MD

Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
NOV 22 1895
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 14th
4. *Place of Birth, (Street and Number)* S. W Barnell & Patapsco 1st
5. *Full Name of Mother,* Amelia Frank
6. *Mother's Maiden Name,* Amelia Yeager
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Henry Frank
9. *Father's Occupation,* Barber
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

...RS AND STATIONERS.

83169

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 girl. Anne.

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 16. November 1885.
4. Place of Birth, (Street and Number) Lamson st, N 2
5. Full Name of Mother, Fannie Shapire.
6. Mother's Maiden Name, Fannie Cromin
7. Mother's Birthplace, Russia
8. Full Name of Father, Abram Shapire
9. Father's Occupation, Butcher
10. Father's Birthplace, Russia.

Name of Medical Attendant, or other Person who makes this Return. E Schirman

Address, Albemarle st N 26

Remarks,

HEALTH DEPARTMENT, NOV 23 1885 BALTIMORE, MD.

or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine or forfeiture for each offence to be recovered as other fines and forfeitures are recoverable.

Co., City Printers and Stationers.

RETURN OF A BIRTH.

82170

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT, NOV 22 1885 BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) First

1. *Sex (state whether Male or Female)* M.

2. *Race or Color (if not of the white race)* C

3. *Date of Birth* November 18th 1885

4. *Place of Birth (Street and Number)* No 17 Allens Alley

5. *Full Name of Mother* Ellen Chandler

6. *Mother's Maiden Name* Ellen Chandler

7. *Mother's Birthplace* Virginia

8. *Full Name of Father* Amos Smith

9. *Father's Occupation* Carpenter

10. *Father's Birthplace* Baltimore Md

Name of Medical Attendant, or other Person who makes this Return. Charles M. Morfit M.D

Address 67 East Balto St

Remarks 8 1/2 months First (L.O.A.) Position. Natural Labor -

83171

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
NOV 23 1885
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Six

1. Sex (state whether male or female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth November the 18 1885
4. Place of Birth (Street and Number) No 138 Dunkin Alley
5. Full Name of Mother Mugy Kritz
6. Mother's Maiden Name Mugy Boom
7. Mother's Birthplace Germany
8. Full Name of Father James Matthew Boom
9. Father's Occupation Laborer
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Ann E Ball

Address No 171 South Chester St

Remarks

RETURN OF A BIRTH.

83172

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
NOV 23 1885
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	Colored
3. Date of Birth	Nov 18/85
4. Place of Birth (Street and Number)	Hargrove alley near Franklin St
5. Full Name of Mother	Mary Brown
6. Mother's Maiden Name	Mary Thomas Widows name - Maiden name De Courcy
7. Mother's Birthplace	Queen Anne Co Md
8. Full Name of Father	George W Brown
9. Father's Occupation	Waiter
Father's Birthplace	Balto Md
Name of Medical Attendant, or other Person who makes this Return.	Thos F Ward M D
Address	127 St Paul St
Remarks	

RETURN OF A BIRTH

8317/3

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9th

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) white

3. Date of Birth, Nov 18th 1885

4. Place of Birth, (Street and Number) No 542 Hanover st

5. Full Name of Mother, Susan Leisure

6. Mother's Maiden Name, Susan Spurrier

7. Mother's Birthplace, Carroll Co md

8. Full Name of Father, William Leisure

9. Father's Occupation, Engineer on B & O R.R.

10. Father's Birthplace, Frederic Co md

Name of Medical Attendant, or other Person who makes this Return. E. Hinton

Address, No. 688 South Charles st

Remarks,

HEALTH DEPARTMENT
NOV 20 1885
BALTIMORE MD

for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

83174

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7. seventh

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) white

3. Date of Birth, November 18 1885

4. Place of Birth, (Street and Number) 27 Ramsy st.

5. Full Name of Mother, Barbara Schmitt

6. Mother's Maiden Name. Barbara Herzog

7. Mother's Birthplace, Germany

8. Full Name of Father, Andreas Schmitt

9. Father's Occupation, Porter

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return Mrs. Kunigunda Schäfer

Address, 26 Columbia Ave.

Remarks,

HEALTH DEPARTMENT
NOV 21 1885
BALTIMORE, MD.

City Printers and Stationers.

RETURN OF A BIRTH.

83175

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
NOV 21 18
BALTIMORE MD

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth Nov. 18th " 1883
4. Place of Birth, (Street and Number) No 54 E. Balto St
5. Full Name of Mother, Augusta Koch
6. Mother's Maiden Name, " Rohlfing
7. Mother's Birthplace, Balto.
8. Full Name of Father, Fred Koch
9. Father's Occupation, Barber
10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return. Sophia Iserman

Address, No 10 Granby St.

Remarks,

Co., City Printers and Stationers.

NOTICE

The succeeding documents were received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

83176

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth 20 of November 1885
4. Place of Birth, (Street and Number) No 11 Mc Sears Ct
5. Full Name of Mother, Alice B. Kelly
6. Mother's Maiden Name, Alice B. Donnaly
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Thomas Kelly
9. Father's Occupation, Labourer ~~an~~ N. C. R. R. Co
10. Father's Birthplace, Liverpool

Name of Medical Attendant, or other Person who makes this Return. Mrs Christina Sauer

Address, 173 Harford Ave

Remarks, 1885

HEALTH DEPARTMENT NOV 23 1885 BALTIMORE, MD.

Co., City Printers and Stationers.

83177

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
NOV 21 1885
BALTIMORE MD

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Nov 20th 1885
4. *Place of Birth, (Street and Number)* Fulton Ave # 532
5. *Full Name of Mother,* Mary J. Rogers
6. *Mother's Maiden Name,* Mary J. Henry
7. *Mother's Birthplace,* New York City
8. *Full Name of Father,* Michael H. Rogers
9. *Father's Occupation,* Clerk
10. *Father's Birthplace,* Baltimore City

Name of Medical Attendant, or other Person who makes this Return L. G. Spanow M. D.

Address, # 279 N. Mount Street

Remarks,

...ERS AND STATIONERS.

83178

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, NOV 23 1885 BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2d

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* 20 of November
4. *Place of Birth, (Street and Number)* 108 Ensor St
5. *Full Name of Mother,* Ellen Schrueffer
6. *Mother's Maiden Name,* Ellen Prueth
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* John Schrueffer
9. *Father's Occupation,* Labor
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs Christina Lauer

Address, 173 Hanford Ave

Remarks, 1885

Co., City Printers and Stationers.

RETURN OF A BIRTH

82179

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2. Child

1. Sex, (state whether male or female) Boy

2. Race or Color, (if not of the white race) White

3. Date of Birth, Geboren den 20 November

4. Place of Birth, (Street and Number) No 194 Register

5. Full Name of Mother, Anne Kinneke

6. Mother's Maiden Name, Anne Kinneke

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Henry Kinneke

9. Father's Occupation, Seemann

10. Father's Birthplace, Deutschland

Name of Medical Attendant, or other Person who makes this Return. Friederike Kaufmann

Address, No 194 Eastern Av.

Remarks, Hebamme

HEALTH DEPARTMENT NOV 29 1882 BALTIMORE MD.

...ity Printers and Stationers.

RETURN OF A BIRTH.

83180

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

HEALTH DEPARTMENT
NOV 24 1885
BALTIMORE MD

No. of Child of Mother (state whether ~~1st, 2d~~, 3d, &c.) .....

1. *Sex* (state whether *Male* ~~or Female~~) .....
2. *Race* ~~or Color~~ (if not of the white race) .....
3. *Date of Birth* Nov 1 1885
4. *Place of Birth* (Street and Number) Neighbour St
5. *Full Name of Mother* Martha Mason
6. *Mother's Maiden Name* Jones
7. *Mother's Birthplace* Balt City
8. *Full Name of Father* Bille Mason
9. *Father's Occupation* Clerk
10. *Father's Birthplace* .....

Name of Medical Attendant, or other Person who makes this Return. J A Shultz

Address 209 Aisquith St

Remarks .....

GIVEN NAME ADDED 8-25-54

53181

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Franklin Wilmot Henderson

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

HEALTH DEPARTMENT
NOV 27 1885
BALTIMORE MD

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, Nov 2nd 1885
4. Place of Birth, (Street and Number) 21 Harford ave
5. Full Name of Mother, Mary Virginia Henderson
6. Mother's Maiden Name, " Arthur
7. Mother's Birthplace, Maryland
8. Full Name of Father, George W. Henderson
9. Father's Occupation, Cond Merchant
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. Geo. B. Reynolds M.D.

Address, 171 N. Calvert st

Remarks,

City Printers and Stationers.

RETURN OF A BIRTH.

53182

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) First.

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) White.
3. Date of Birth November 2, 1885.
4. Place of Birth, (Street and Number) In 254 E. Eager street.
5. Full Name of Mother, Annie Cook.
6. Mother's Maiden Name, Annie Shaefer.
7. Mother's Birthplace, Maryland
8. Full Name of Father, Richard Cook
9. Father's Occupation, Collector.
10. Father's Birthplace, Germany.

Name of Medical Attendant, or other Person who makes this Return. Chas. A. Elwell, M. D.,

Address, 559 Harford avenue.

Remarks,

HEALTH DEPARTMENT NOV 26 1885

...., City Printers and Stationers.

RETURN OF A BIRTH

8318 3

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
NOV 24 1885
BALTIMORE, MD

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Second
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	November 2nd 1885
4. *Place of Birth, (Street and Number)*	255 Dunham Street
5. *Full Name of Mother,*	Mrs Georgie Strickel
6. *Mother's Maiden Name,*	Miss Georgie Oliver
7. *Mother's Birthplace,*	Baltimore City
8. *Full Name of Father,*	William Strickel
9. *Father's Occupation,*	Car maker,
10. *Father's Birthplace,*	Baltimore City
Name of Medical Attendant, or other Person who makes this Return.	Mr R. L. Garrett
Address,	No 65 Burke St.
Remarks,	

City Printers and Stationers.

GIVEN NAME ADDED 11-1-54

83184

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
NOV 24 1885
BALTIMORE, MD.

Josephine Wilmer

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth 3 November - 1885
4. Place of Birth, (Street and Number) 29 Holland St
5. Full Name of Mother, Sarah Wilmer
6. Mother's Maiden Name, Horsefield
7. Mother's Birthplace, Balt. Md.
8. Full Name of Father, George Wilmer
9. Father's Occupation, Cabn maker
10. Father's Birthplace, Balt. Md.

Name of Medical Attendant, or other Person who makes this Return. Mrs Roza Ullrig

Address, 148 Holland St

Remarks, Balt.

..., City Printers and Stationers.

83185

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
NOV 21 1935
BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth 4 November
4. Place of Birth, (Street and Number) 41 Central ave
5. Full Name of Mother, Agusta Popst
6. Mother's Maiden Name, Wiesenbach
7. Mother's Birthplace, Balt, Md.
8. Full Name of Father, Edward Popst
9. Father's Occupation, Box maker
10. Father's Birthplace, Europe

Name of Medical Attendant, or other Person who makes this Return. Mrs Rosa Ulrich

Address, 48 Holland St

Remarks, Balt.

., City Printers and Stationers.

53186

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
NOV 21 1885
BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) white

3. Date of Birth 4 ~~Octo~~ November

4. Place of Birth, (Street and Number) 19 Ensor St.

5. Full Name of Mother, Henrietta Kricton

6. Mother's Maiden Name, " Hebner

7. Mother's Birthplace, Baltimore

8. Full Name of Father, George Kricton

9. Father's Occupation, Tinner

10. Father's Birthplace, Balt. Md.

Name of Medical Attendant, or other Person who makes this Return. Mrs Rosa Ulbig

Address, 48 Holland St Balt

Remarks,

...o., City Printers and Stationers.

RETURN OF A BIRTH.

83187

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Second.

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) White.
3. Date of Birth November 4 1885.
4. Place of Birth, (Street and Number) No. 430 Hanford ave.
5. Full Name of Mother, Sarah Coleman.
6. Mother's Maiden Name, Sarah Weber.
7. Mother's Birthplace, Baltimore.
8. Full Name of Father, Francis Coleman.
9. Father's Occupation, Clerk.
10. Father's Birthplace, Baltimore.

Name of Medical Attendant, or other Person who makes this Return. Aug. A. Elwell M. D.

Address, 429 Hanford ave.

Remarks,

HEALTH DEPARTMENT NOV 20 1885 BALTIMORE MD

...o., City Printers and Stationers.

RETURN OF A BIRTH

82188

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10th

1. Sex, (state whether male or female) Girl

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, Nov 4th 1885

4. Place of Birth, (Street and Number) 71 Burgundy City

5. Full Name of Mother, Mary Louisa Wilson

6. Mother's Maiden Name,

7. Mother's Birthplace, Balto City Md

8. Full Name of Father, William Henry Wilson

9. Father's Occupation, Druggist

10. Father's Birthplace, West Indies ~~England~~

Name of Medical Attendant, or other Person who makes this Return. Deborah Thomas

Address, 71 Burgundy Alley

Remarks,

HEALTH DEPARTMENT
NOV 27 18[illegible]
BALTIMORE MD

City Printers and Stationers.

RETURN OF A BIRTH.

83189

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT NOV 25 1885 BALTIMORE, MD

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth Nov 6th 1885
4. Place of Birth, (Street and Number) 762 Lexington
5. Full Name of Mother, Susan Hort
6. Mother's Maiden Name, " Frey
7. Mother's Birthplace, Baltimore City
8. Full Name of Father, Horace Hort
9. Father's Occupation, House Painter
10. Father's Birthplace, Howard Co Md

Name of Medical Attendant, or other Person who makes this Return. M K Warner M.D.

Address, Cor Lafayette Ave & Shuter St

Remarks,

...o., City Printers and Stationers.

RETURN OF A BIRTH.

83190

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) Jewish

3. Date of Birth 9 November

4. Place of Birth, (Street and Number) 13 Little Mc Elderry St.

5. Full Name of Mother, Bertha Kornheim

6. Mother's Maiden Name, " Wassersuk

7. Mother's Birthplace, Poland

8. Full Name of Father, Solamon Kornheim

9. Father's Occupation, Tailor

10. Father's Birthplace, Poland

Name of Medical Attendant, or other Person who makes this Return. Mrs Rosa Ulbig

Address, 48 Holland St

Remarks, Balt

HEALTH DEPARTMENT
NOV 24 1885
BALTIMORE MD.

..., City Printers and Stationers.

NOTICE

The succeeding document was received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

RETURN OF A BIRTH

83191

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Harry Edward Horst

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Ninth

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, November 10th 1885

4. Place of Birth, (Street and Number) 389 Eastern Ave

5. Full Name of Mother, Senia Horst,

6. Mother's Maiden Name, Senia Shiland

7. Mother's Birthplace, Germany

8. Full Name of Father, Conrad J. Horst,

9. Father's Occupation, Store keeper

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs R. A. Garrett

Address, GIVEN NAME ADDED 1-18-54 No 65 Burke St.

Remarks, L. M.

HEALTH DEPARTMENT NOV 24 1885 BALTIMORE, MD.

City Printers and Stationers.

83192

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT, NOV 24 1885 BALTIMORE, MD.

No. of Child of Mother (state whether ~~1st~~, 2d, ~~3d~~, &c.)

1. Sex (state whether Male or ~~Female~~)
2. Race or Color (if not of the white race)
3. Date of Birth Nov 10 1885
4. Place of Birth (Street and Number) Summer Set St No 5
5. Full Name of Mother Mary Hunter
6. Mother's Maiden Name Berget
7. Mother's Birthplace Baltimore
8. Full Name of Father Christ Hunter
9. Father's Occupation Baggage Master
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. J. A. Shute

Address 209 Aisquith St

Remarks

83193

RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT, NOV 30 1885 BALTIMORE, MD

No. Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex (state whether male or female) female
2. Race or Color, (if not of the white race) Cologl
3. Date of Birth Nov the 10 th
4. Place of Birth, (Street and Number) Lewis- street no 58
5. Full Name of Mother Lara Johnson
6. Mother's Maiden Name Lara Comings
7. Mother's Birthplace Baltimore
8. Full Name of Father George Johnson
9. Father's Occupation Baltimore
10. Father's Birthplace brick maker

Name of Medical Attendant, or other Person who makes this Return. Barrett Britton

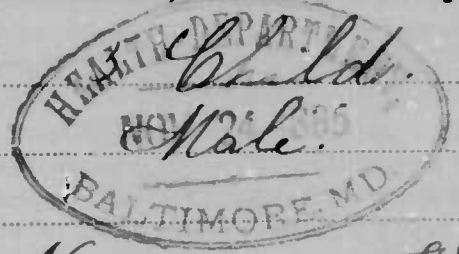
Address 1138 Michigan Street

Remarks

RETURN OF A BIRTH

8319

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th Child.

1. Sex, (state whether male or female) Male.

2. Race or Color, (if not of the white race)

3. Date of Birth, Nov 12 — 1885.

4. Place of Birth, (Street and Number) 228 Battery Av.

5. Full Name of Mother, Lizzie Welsch.

6. Mother's Maiden Name, Arnhold.

7. Mother's Birthplace, America.

8. Full Name of Father, Gustav Welsch.

9. Father's Occupation, Hunter.

10. Father's Birthplace, America.

Name of Medical Attendant, or other Person who makes this Return. J. Lohmasser. Midwife

Address, 330 Hanover st.

Remarks,

City Printers and Stationers.

RETURN OF A BIRTH

8219

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 child

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Nov 12 th 1885

4. Place of Birth, (Street and Number) No 8 Cannon st

5. Full Name of Mother, Mary E Sullens

6. Mother's Maiden Name, Sudwick

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Jesse Elmer Sullens

9. Father's Occupation, Potter

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs Wiley

Address, No 12 Potter & can Park av

Remarks,

HEALTH DEPARTMENT
NOV 25 1885
BALTIMORE, MD

...ity Printers and Stationers.

13196

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECEIVED
NOV 21
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	8 Child
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	
3. Date of Birth,	Nov 13 — 1885
4. Place of Birth, (Street and Number)	44 Williamson st
5. Full Name of Mother,	Katy Roeth
6. Mother's Maiden Name,	Kein
7. Mother's Birthplace,	America
8. Full Name of Father,	William Roeth
9. Father's Occupation,	Satchel-maker
10. Father's Birthplace,	America
Name of Medical Attendant, or other Person who makes this Return.	J. Lohwasser. Midwife
Address,	330 Hanover st.
Remarks,	

City Printers and Stationers.

RETURN OF A BIRTH.

83197

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
NOV 28 1885
BALTIMORE MD

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5th Child

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth Nov. 13th 1885

4. Place of Birth, (Street and Number) No. 89 N. Caroline St. Baltimore

5. Full Name of Mother, Mary Arbin

6. Mother's Maiden Name, Mary Walz

7. Mother's Birthplace, Baltimore

8. Full Name of Father, William Arbin

9. Father's Occupation, Police Officer

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. Catharine Bedford

Address, 141 Orleans St.

Remarks,

Co., City Printers and Stationers.

RETURN OF A BIRTH

83198

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, NOV 30 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) the 8th Child

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Nov 14th 1885
4. Place of Birth, (Street and Number) 458 Cross Balto Md
5. Full Name of Mother, Mathilda ~~Erb~~ Kurtz
6. Mother's Maiden Name, Mathilda Erb
7. Mother's Birthplace, New-York City
8. Full Name of Father, Chas E Kurtz
9. Father's Occupation, Superitendent of Pressed tin works
10. Father's Birthplace, France (Europe)

Name of Medical Attendant, or other Person who makes this Return, Amelie Bange

Address, 426 Cross street

Remarks,

City Printers and Stationers.

RETURN OF A BIRTH 83199

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
NOV 30 1885
BALTIMORE MD

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Female

Race or Color, (if not of the white race)

3. Date of Birth, 11 November

4. Place of Birth, (Street and Number) 80 Sea st.

5. Full Name of Mother, Hetta White

6. Mother's Maiden Name, Sieder

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Eugene White

9. Father's Occupation, Grocery store

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Sarah Casper

Address, 72 E. Lombard

Remarks,

for each offence to be recovered as other fines and forfeitures are recoverable.

..., City Printers and Stationers.

13200

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, NOV 24 1885 BALTIMORE, MD

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Ninth

1. Sex, (state whether male or female) Female.

2. Race or Color, (if not of the white race) Mulatto

3. Date of Birth, November 15th 1885.

4. Place of Birth, (Street and Number) No 19 Portiagal Court.

5. Full Name of Mother, Elibeth Wright.

6. Mother's Maiden Name, Elibeth Ginder.

7. Mother's Birthplace, Baltimore.

8. Full Name of Father, Clarance Wright.

9. Father's Occupation, Labor.

10. Father's Birthplace, Washington. D.C.

Name of Medical Attendant, or other Person who makes this Return Mrs Sarah P. Harrington

Address, No 387 Eastern Ave.

Remarks,

...

...ES AND STATIONERS.

83201

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth* 15 November 1885
4. *Place of Birth, (Street and Number)* 53 Central ave
5. *Full Name of Mother,* Mary Geis
6. *Mother's Maiden Name,* " Codori
7. *Mother's Birthplace,* Gettysburg
8. *Full Name of Father,* Frank Geis
9. *Father's Occupation,* Black Smith
10. *Father's Birthplace,* Baltimore Md.

Name of Medical Attendant, or other Person who makes this Return. Mrs Rosa Ulrig

Address, N° 45 Holland St

Remarks, Baltimore Md

HEALTH DEPARTMENT NOV 24 1885 BALTIMORE, MD.

for each offence to be recovered as other fines and forfeitures are recoverable.

Co., City Printers and Stationers.

1/11

RETURN OF A BIRTH.

f3202

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT, NOV 24 1885 BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4

1. *Sex* (state whether ~~Male~~ or Female)
2. *Race or Color* (if not of the white race)
3. *Date of Birth* Nov 15 1885
4. *Place of Birth* (Street and Number) 742 Est Monument St
5. *Full Name of Mother* Bertha Hufman
6. *Mother's Maiden Name* Guise
7. *Mother's Birthplace* Germeny
8. *Full Name of Father* William Hufman
9. *Father's Occupation* Mower
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. J A Shuster

Address 209 Aisquith St

Remarks

RETURN OF A BIRTH

83203

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9th

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)*

3. *Date of Birth,* Nov. 15th 1885

4. *Place of Birth, (Street and Number)* 278 N. Eden St

5. *Full Name of Mother,* Hannah E. Ely.

6. *Mother's Maiden Name,* " " Stokesdale

7. *Mother's Birthplace,* Baltimore

8. *Full Name of Father,* Samuel S. Ely.

9. *Father's Occupation,* Merchant.

10. *Father's Birthplace,* Balto.

Name of Medical Attendant, or other Person who makes this Return. Edward R. McDevitt

Address, 57 Aisquith St

Remarks,

HEALTH DEPARTMENT
NOV 25 1885
BALTIMORE, MD.

y Printers and Stationers.

GIVEN NAME ADDED 1-16-56 83204

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Rosa Lee McCabe

HEALTH DEPARTMENT NOV 25 1885 BALTIMORE, MD

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth* Nov 15 1885
4. *Place of Birth, (Street and Number)* 212 N Mount
5. *Full Name of Mother,* Lovina McCabe
6. *Mother's Maiden Name,* Ritzler
7. *Mother's Birthplace,* Baltimore City
8. *Full Name of Father,* Wm H McCabe
9. *Father's Occupation,* Collector
10. *Father's Birthplace,* Baltimore City

Name of Medical Attendant, or other Person who makes this Return. M K Warner M.D.

Address, Cor Lafayette Ave & Stricker St

Remarks,

Co., City Printers and Stationers.

RETURN OF A BIRTH

8320

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 & child

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, April 5 th 1895

4. Place of Birth, (Street and Number) No 86 Luperne st

5. Full Name of Mother, Jinne gumpman

6. Mother's Maiden Name, Wiman

7. Mother's Birthplace, Germany

8. Full Name of Father, Mr. gumpman

9. Father's Occupation, Labor

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs Wiley

Address, No 12 Patterson Park av

Remarks,

HEALTH DEPARTMENT
NOV 25 1896
BALTIMORE, MD.

City Printers and Stationers.

83.206

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Fourth Child

1. *Sex, (state whether male or female)* Female.
2. *Race or Color, (if not of the white race)* American
3. *Date of Birth* November 16th 1885
4. *Place of Birth, (Street and Number)* Balto. No. 210 Nth. Front St.
5. *Full Name of Mother,* Mary C. Sellman
6. *Mother's Maiden Name,* Mary C. Hood
7. *Mother's Birthplace,* Howard County
8. *Full Name of Father,* Charles W. Sellman
9. *Father's Occupation,* Locomotive Fireman
10. *Father's Birthplace,* Frederick County.

Name of Medical Attendant, or other Person who makes this Return. [illegible]

Address, No. 28. N. Frederick Ave Baltimore

Remarks,

[illegible]

..., City Printers and Stationers.

83207

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) (5) Fifth

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, November 16th 85

4. Place of Birth, (Street and Number) No 113 Hollins St

5. Full Name of Mother, Magie Kramer

6. Mother's Maiden Name, Kroeger

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Frank Kramer

9. Father's Occupation, Grocery

10. Father's Birthplace, Thornton Twp Pocahontas Hest. Virginnia

Name of Medical Attendant, or other Person who makes this Return. Susan Hunter

Address, 21 No Poppelton St

Remarks,

HEALTH DEPARTMENT NOV 23 1885 BALTIMORE MD

ty Printers and Stationers.

RETURN OF A BIRTH

83208

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth, 16 November

4. Place of Birth, (Street and Number) 105 Canale st.

5. Full Name of Mother, Bassbam Saletta

6. Mother's Maiden Name, Rusa

7. Mother's Birthplace, Italy

8. Full Name of Father, Moris Saletta

9. Father's Occupation, Musiciane

10. Father's Birthplace, Italy

Name of Medical Attendant, or other Person who makes this Return. Sarah Casper

Address, 72. E. Lombard

Remarks,

HEALTH DEPARTMENT
NOV 30 1885
BALTIMORE, MD.

ity Printers and Stationers.

RETURN OF A BIRTH. 83209

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
NOV 24 1885
BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth 17 November
4. Place of Birth, (Street and Number) 350 N. Gay St
5. Full Name of Mother, Ida McNarmar
6. Mother's Maiden Name, " Taylor
7. Mother's Birthplace, Balt. Md.
8. Full Name of Father, Edward McNarmar
9. Father's Occupation, Machinist
10. Father's Birthplace, Balt, Md

Name of Medical Attendant, or other Person who makes this Return. Mrs Rosa Ulbig

Address, 48 Holland St

Remarks, Balt Md.

for each offence to be recovered as other fines and forfeitures are recoverable.

Co., City Printers and Stationers.

RETURN OF A BIRTH

83210

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, NOV 24 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	[illegible]
1. Sex, (state whether male or female)	[illegible]
2. Race or Color, (if not of the white race)	[illegible]
3. Date of Birth,	November 1885
4. Place of Birth, (Street and Number)	17 Port Alley.
5. Full Name of Mother,	Mrs Denia Miller
6. Mother's Maiden Name,	Denia Horst
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	George Miller
9. Father's Occupation,	Laborer
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Mrs R. A. Gareth
Address,	No 65 E Pratt St
Remarks,	

City Printers and Stationers.

RETURN OF A BIRTH.

83211

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st Son

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth Nov 17/85 3 A M

4. Place of Birth, (Street and Number) 587 Lexington

5. Full Name of Mother, Rebecca Harris

6. Mother's Maiden Name, Rebecca Marcus

7. Mother's Birthplace, Richmond Va

8. Full Name of Father, Abram Harris Esq.

9. Father's Occupation, Merchant

10. Father's Birthplace, Richmond Va

Name of Medical Attendant, or other Person who makes this Return. C. H. Sutton M.D.

Address, 543 Lexington St.

Remarks,

HEALTH DEPARTMENT, NOV 24 1885 BALTIMORE, MD.

City Printers and Stationers.

83212

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth Nov 17th 1885

4. Place of Birth, (Street and Number) 2321 Harlem Ave

5. Full Name of Mother, Lizzie Morse

6. Mother's Maiden Name, Dittmar

7. Mother's Birthplace, Baltimore Md

8. Full Name of Father, Jno Morse

9. Father's Occupation, Merchant

10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other Person who makes this Return. W K Warner M.D

Address, Cor Lafayette Ave & Stricker St

Remarks,

HEALTH DEPARTMENT
NOV 25 1885
BALTIMORE, MD

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

y & Co., City Printers and Stationers.

RETURN OF A BIRTH

§3213

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fifth

Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White.

3. Date of Birth, 17. November. 1885.

4. Place of Birth, (Street and Number) No. 9. Maldeis St.

5. Full Name of Mother, Fredericke Louisa Jorgensen.

6. Mother's Maiden Name, Schleuer.

7. Mother's Birthplace, Senftenhütte. Prussia Germany

8. Full Name of Father, Friedrick Jorgensen.

9. Father's Occupation, Pianomaker.

Father's Birthplace, Kopenhagen Denmark.

Name of Medical Attendant, or other Person who makes this Return. Emilie Bange

Address, 426 Cross Street

Remarks,

HEALTH DEPARTMENT
NOV 30 1885
BALTIMORE MD

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

Co., City Printers and Stationers.

RETURN OF A BIRTH.

832114

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Fifth

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) White

3. Date of Birth 16. 16th Nov

4. Place of Birth, (Street and Number) 47 Harrison St

5. Full Name of Mother, Rachel Hirsh Harmalip

6. Mother's Maiden Name, Rachel Rodinsky

7. Mother's Birthplace, Balta Russia

8. Full Name of Father, ~~Oscar~~ Hirsh Harmalip

9. Father's Occupation, Laborer

10. Father's Birthplace, Balta Russia

Name of Medical Attendant, or other Person who makes this Return. [illegible]

Address, [illegible]

Remarks, [illegible]

For each offence to be recovered as other fines and forfeitures are recoverable.

Co., City Printers and Stationers.

RETURN OF A BIRTH

83215

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
NOV
BALTIMORE MD

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, 18 November

4. Place of Birth, (Street and Number) 3 Salisbery alley

5. Full Name of Mother, Julia Hoe

6. Mother's Maiden Name, Banks

7. Mother's Birthplace, Baltimore

8. Full Name of Father, John Hoe

9. Father's Occupation, Laborer

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. Sarah Casper

Address, 72. E. Lombard

Remarks,

City Printers and Stationers.

NOTICE

The succeeding document was received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

RETURN OF A BIRTH

83216

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT, NOV 24 1885 BALTIMORE, MD

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
Sex, (state whether male or female)	Female
Race or Color, (if not of the white race)	White
Date of Birth,	18th November
Place of Birth, (Street and Number)	#1 Cole Street
Full Name of Mother,	Mary Jane Schmidt
Mother's Maiden Name,	" " Keenan
Mother's Birthplace,	Baltimore
Full Name of Father,	John Winfield Schmidt
Father's Occupation,	Coach Painter
Father's Birthplace,	Baltimore
Name of Medical Attendant, or other Person who makes this Return	Miss Mary Ann Keaning
Address,	No 78 South Paca St Balto
Remarks,	Mother and Child doing well

...RS AND STATIONERS

83217

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
NOV 21 1885
BALTIMORE MD

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3

Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) white

3. Date of Birth 18 November

4. Place of Birth, (Street and Number) 45 Jackson St

5. Full Name of Mother, Amelia Miller

6. Mother's Maiden Name, " Henning

7. Mother's Birthplace, Balt. Md.

8. Full Name of Father, Howard Miller

9. Father's Occupation, Cigar Maker

Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs Rosa Ulrich

Address, 48 Hall and St Balt. Md

Remarks,

for each offence to be recovered as other fines and forfeitures are recovered.

& Co., City Printers and Stationers.

83218

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether ~~1st~~, 2d, ~~3d~~, &c.) 2nd

Sex, (state whether male or female) ~~Female~~ Male

2. Race or Color, (if not of the white race) White

3. Date of Birth November 18th 1885

4. Place of Birth, (Street and Number) # 73 Parkin St

5. Full Name of Mother, Mary A. Childs

6. Mother's Maiden Name, Mary A. Zimmerman

7. Mother's Birthplace, Washington D.C

8. Full Name of Father, Jno T. Childs

9. Father's Occupation, Salesman

10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other Person who makes this Return. Susan Hunter

Address, 21 No Pappellon St

Remarks,

HEALTH DEPARTMENT, NOV 24 1885 BALTIMORE, MD.

Co., City Printers and Stationers.

RETURN OF A BIRTH.

83219

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
NOV 25 1885
BALTIMORE, MD

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5th

Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth Nov 18th 85

4. Place of Birth, (Street and Number) No 186 E. Lombard St

5. Full Name of Mother, Mrs Theresa Padgett

6. Mother's Maiden Name, " " Scurlock

7. Mother's Birthplace, Baltimore

8. Full Name of Father, John Padgett

9. Father's Occupation, Truckster

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs Goetzke

Address, No 55 S Bond St

Remarks,

For each offence to be recovered as other fines and forfeitures are recovered.

Co., City Printers and Stationers.

RETURN OF A BIRTH.

83220

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
NOV 26 1885
BALTIMORE, MD.

No. of Child of Mother (state whether 1st, ~~2d, 3d, &c.~~) .....

Sex, (~~state whether male or~~ female) .....

2. Race or Color, (~~if not of the~~ white race) .....

3. Date of Birth November 18th 1885.

4. Place of Birth, (Street and Number) No 361 N. Broadway,

5. Full Name of Mother, Rosa Emma McGowan

6. Mother's Maiden Name, " " Gage,

7. Mother's Birthplace, Baltimore.

8. Full Name of Father, William D McGowan,

9. Father's Occupation, Telegraph Operator

10. Father's Birthplace, Illinois

Name of Medical Attendant, or other Person who makes this Return. J. Ridgway, Andrew

Address, 121 E Balto. St

Remarks, ...

for each offence to be recovered as other fines and forfeitures are recoverable.

& Co., City Printers and Stationers.

83221

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
NOV 27 1885
BALTIMORE MD

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	8th
Sex, (state whether male or female)	female
Race or Color, (if not of the white race)	white
Date of Birth,	November 19, 1885
Place of Birth, (Street and Number)	100 Hudson St.
Full Name of Mother,	Martha Glover
Mother's Maiden Name,	Martha Thomas
Mother's Birthplace,	Baltimore
Full Name of Father,	William Glover
Father's Occupation,	Oyster shucker
Father's Birthplace,	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Mary L. Swayne
Address,	57 Luzerne St.
Remarks,	

TER & STATIONER, BALT.

RETURN OF A BIRTH,

83222

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
NOV 30 1895
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. *Sex (state whether male or female)* male
2. *Race or Color, (if not of the white race)* colored
3. *Date of Birth* nov 16th
4. *Place of Birth, (Street and Number)* dallas 68 south
5. *Full Name of Mother* alice gilmore
6. *Mother's Maiden Name* alice pinkit
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* jury gilmore
9. *Father's Occupation* [illegible]
10. *Mother's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. harriet Bulton

Address 158 myligan

Remarks

82226

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth 19 November
4. Place of Birth, (Street and Number) 307 Mosher St
5. Full Name of Mother, Mary Schone
6. Mother's Maiden Name, " Hoenaman
7. Mother's Birthplace, Balt. Md.
8. Full Name of Father, Harmon Schone
9. Father's Occupation, Clerk
10. Father's Birthplace, Balt. Md.

Name of Medical Attendant, or other Person who makes this Return. Mrs Rosa Ulrich

Address, 48 Holland St Balt

Remarks,

HEALTH DEPARTMENT
NOV 24 1885
BALTIMORE, MD.

for each offence to be recovered as other fines and forfeitures are recoverable.

& Co., City Printers and Stationers.

83224

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	8 Child.
Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	
3. Date of Birth,	Nov 19 1884
4. Place of Birth, (Street and Number)	166 S Sharp st.
5. Full Name of Mother,	Louise Lohrmann.
6. Mother's Maiden Name,	Siedmeier.
7. Mother's Birthplace,	America.
8. Full Name of Father,	George Lohrmann.
9. Father's Occupation,	Baker.
10. Father's Birthplace,	Germany.
Name of Medical Attendant, or other Person who makes this Return.	J. Lohwasser. Midwife.
Address,	330 Hanover st.
Remarks,	

HEALTH DEPARTMENT
No. 1884
24 NOV 85
BALTIMORE, MD.

City Printers and Stationers.

83225

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) Jewish

3. Date of Birth 19 November

4. Place of Birth, (Street and Number) 322 N. Gay St

5. Full Name of Mother, Fannie Hamburger

6. Mother's Maiden Name, " Stimberger

7. Mother's Birthplace, Balt. Md.

8. Full Name of Father, Adolph Hamburger

9. Father's Occupation, Gen. Furnishing Goods Store

10. Father's Birthplace, Balt. Md.

Name of Medical Attendant, or other Person who makes this Return. 48 Holland St

Address, Balt Md.

Remarks, Mrs Rosa Ulberg

HEALTH DEPARTMENT
NOV 24 1885
BALTIMORE, MD.

7

Co., City Printers and Stationers.

83326

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
NOV 24 1885
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, November 19th 1885

4. Place of Birth, (Street and Number) No 86 Boyd St

5. Full Name of Mother, Mary Matilda Hinkey

6. Mother's Maiden Name, Mary Matilda Murdock

7. Mother's Birthplace, Baltimore

8. Full Name of Father, John Francis Hinkey

9. Father's Occupation, Shipping Clerk Md

10. Father's Birthplace, 2nd Election District of Anne Arundel Co

Name of Medical Attendant, or other Person who makes this Return. Susan Hunter

Address, 21 No Poppleton St

Remarks,

by Printers and Stationers.

RETURN OF A BIRTH

83227

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

Mary Emma Lupton

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Sixth Child

Sex, (state whether male or female) Female

Race or Color, (if not of the white race) White

Date of Birth, 19th of November 1885

Place of Birth, (Street and Number) No 101 North Schroeder St

Full Name of Mother, Mrs Emma Lupton

Mother's Maiden Name, Emma Hartman

Mother's Birthplace, Baltimore Md

Full Name of Father, (Mr) George H. Lupton

Father's Occupation, House Painter

Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other Person who makes this Return M. F. Ledley

Address. 507 No Schroeder St.

Remarks, GIVEN NAME ADDED. 8-13-53 L.M.

HEALTH DEPARTMENT NOV 25 1885 BALTIMORE MD

CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

83228

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) One

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, November 19th 1885

4. Place of Birth, (Street and Number) 63 Cambridge st

5. Full Name of Mother, Sarah Ida Marks

6. Mother's Maiden Name, Miss Talliferro

7. Mother's Birthplace, Baltimore md

8. Full Name of Father, Walter G. Marks

9. Father's Occupation, Engineer

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return, Chas Wiley

Address, No 11 Patterson Park av

Remarks,

HEALTH DEPARTMENT
NOV 25 1885
BALTIMORE, MD.

City Printers and Stationers.

83229

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* American
3. *Date of Birth,* Nov 20th 1885
4. *Place of Birth, (Street and Number)* # 154 North Fremont
5. *Full Name of Mother,* Annie E. Cook
6. *Mother's Maiden Name,* Annie E Martin
7. *Mother's Birthplace,* Balto Md
8. *Full Name of Father,* William V Cook
9. *Father's Occupation,* B&O Baggage Dept
10. *Father's Birthplace,* Anson Maine

Name of Medical Attendant, or other Person who makes this Return. Susan Hunter

Address, 21 No Poppelton St

Remarks,

HEALTH DEPARTMENT, NOV 23 1885 BALTIMORE MD

Co., City Printers and Stationers.

83230

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY. - Nov 23. 1885.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

Sex, (state whether male or female) Female

Race or Color, (if not of the white race) White

Date of Birth, Nov 20. 1885.

Place of Birth, (Street and Number) Argile Ave 103

Full Name of Mother, Georgeanna Armstrong

Mother's Maiden Name, Georgeanna Bell

Mother's Birthplace, Augusta Georgia

Full Name of Father, James Elliot Armstrong

Father's Occupation, Carpenter & Stair Builder

Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other Person who makes this Return Susan White

Address, 73 N. Population St

Remarks,

HEALTH DEPARTMENT
NOV 24 1885
BALTIMORE, MD

...RS AND STATIONERS

NOTICE

The succeeding document was received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

13231

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5
Sex, (state whether male or female)	Male
2. *Race or Color, (if not of the white race)*	W. C.
3. *Date of Birth,*	20 Nov 1865
4. *Place of Birth, (Street and Number)*	905 Forrest St Balto
5. *Full Name of Mother,*	M. Gisrile ~~Coil~~ ~~M Gisrile~~
6. *Mother's Maiden Name,*	Martha Coil
7. *Mother's Birthplace,*	Baltimore Md
8. *Full Name of Father,*	John Gisrile
9. *Father's Occupation,*	Brass Molder
Father's Birthplace,	Baltimore Md
Name of Medical Attendant, or other Person who makes this Return	Mrs Wooden
Address,	120 Paramount Av
Remarks,	

PRINTERS AND STATIONERS.

RETURN OF A BIRTH

8 33333

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
NOV 29 1885
BALTIMORE, MD

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2 no
Sex, (state whether male or female)	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	November 20" 1885
4. *Place of Birth, (Street and Number)*	88 Lanvale av
5. *Full Name of Mother,*	Henrietta Ockeffler
6. *Mother's Maiden Name,*	" Tillman
7. *Mother's Birthplace,*	Baltimore Md
8. *Full Name of Father,*	Richard Ockeffler
9. *Father's Occupation,*	Clerk B & O R R Office
10. *Father's Birthplace,*	Baltimore Md
Name of Medical Attendant, or other Person who makes this Return.	Chas. Cooke M.D.
Address,	110 Fort av
Remarks,	

City Printers and Stationers.

RETURN OF A BIRTH

8 32333

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
NOV 30 1825
BALTIMORE MD

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First.
Sex, (state whether male or female)	Male.
2. Race or Color, (if not of the white race)	White.
3. Date of Birth,	20th of Nov.
4. Place of Birth, (Street and Number)	496 Cross Street.
5. Full Name of Mother,	May Elisabeth Seymour.
6. Mother's Maiden Name,	" " Benner.
7. Mother's Birthplace,	Baltimore.
8. Full Name of Father,	Walter O Seymour.
9. Father's Occupation,	Porter.
Father's Birthplace,	Baltimore.
Name of Medical Attendant, or other Person who makes this Return.	Emilie Bange
Address,	426 Cross street
Remarks,	

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

Co., City Printers and Stationers.

RETURN OF A BIRTH

83234

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
BALTIMORE MD

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st Child
1. Sex, (state whether male or female)	Male.
2. Race or Color, (if not of the white race)	
3. Date of Birth,	Nov 21 1883
4. Place of Birth, (Street and Number)	41 Shaw st.
5. Full Name of Mother,	Marie Schlaich.
6. Mother's Maiden Name,	Reichert.
7. Mother's Birthplace,	Germany
8. Full Name of Father,	Henry Schlaich
9. Father's Occupation,	Shoe-maker
10. Father's Birthplace,	Germany.
Name of Medical Attendant, or other Person who makes this Return.	J. Lohrwasser. Midwife.
Address,	330 Hanover st.
Remarks,	

City Printers and Stationers.

RETURN OF A BIRTH

8 3235

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Second
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	November 21st 1885
4. *Place of Birth, (Street and Number)*	45 Bradford Alley
5. *Full Name of Mother,*	Mrs Annie Felthouse
6. *Mother's Maiden Name,*	Annie Foster
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	John Felthouse
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Mrs. R. T. Garrett.
Address,	No 65 Burke St.
Remarks,	

HEALTH DEPARTMENT NOV 2[illegible] 1885 BALTIMORE MD

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

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13236

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, NOV 25 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* No 21 1885
4. *Place of Birth, (Street and Number)* N 76 Booth st
5. *Full Name of Mother,* annie Elebeth savoy
6. *Mother's Maiden Name,* annie E. Jobkrow
7. *Mother's Birthplace,* Harford Co Md
8. *Full Name of Father,* ~~Roy Teaton~~ richard savoy
9. *Father's Occupation,* Roy Teaton
10. *Father's Birthplace,* Howard Co Md

Name of Medical Attendant, or other Person who makes this Return 6 Warr

Address, 258 Robinson st

Remarks, Name

...ANTERS AND STATIONERS.

RETURN OF A BIRTH.

83237

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, NOV 25 1885 BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth 21 of November 1885

4. Place of Birth, (Street and Number) No 187 Johnson St

5. Full Name of Mother, Amma Smith

6. Mother's Maiden Name, Amma Ames

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Frank Smith

9. Father's Occupation, Engineer

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. Sabina Greenbaum

Address, No 128 West Ft

Remarks,

Co., City Printers and Stationers.

RETURN OF A BIRTH

83238

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
NOV 25 1885
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2d Child
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	21 of November 1885
4. *Place of Birth, (Street and Number)*	468 Canton Av
5. *Full Name of Mother,*	Louisa Mason
6. *Mother's Maiden Name,*	" Wiley
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	George Mason
9. *Father's Occupation,*	Sailor
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Mrs Wiley
Address,	No 12 Patterson Park Av
Remarks,	

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

a Co., City Printers and Stationers.

RETURN OF A BIRTH

83239

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) The tenth child

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, November twenty first 1885

4. Place of Birth, (Street and Number) Washington st 139

5. Full Name of Mother, Mary Flaherty

6. Mother's Maiden Name, Banks

7. Mother's Birthplace, Philadelphia

8. Full Name of Father, Edward Flaherty

9. Father's Occupation, Magistrate

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mc Welly

Address, No 12 Patterson Park av

Remarks,

HEALTH DEPARTMENT
NOV 25 1885
BALTIMORE

City Printers and Stationers.

RETURN OF A BIRTH

83240

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, NOV 27 1885 BALTIMORE MD

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 st

1. Sex, (state whether male or female) Boy

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, Nov 21 st 1885

4. Place of Birth, (Street and Number) 48 Burgundy alley

5. Full Name of Mother, Amelia Wallace

6. Mother's Maiden Name,

7. Mother's Birthplace, Calvert County M D

8. Full Name of Father, William Wallace

9. Father's Occupation, Labour

10. Father's Birthplace, Calvert Co Md

Name of Medical Attendant, or other Person who makes this Return. Deborah Thomas

Address, 71 Burgundy alley

Remarks,

City Printers and Stationers.

RETURN OF A BIRTH

83241

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
NOV 28 1885
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Nov 27th 1885

4. Place of Birth, (Street and Number) 381 W. Fayette St

5. Full Name of Mother, Jennie Krauss

6. Mother's Maiden Name, " Walsh

7. Mother's Birthplace, N. York

8. Full Name of Father, Louis W. Krauss

9. Father's Occupation, Watchman

10. Father's Birthplace, Washington D.C.

Name of Medical Attendant, or other Person who makes this Return, Theodore Cook M.D.

Address, 1466 Hanover St

Remarks,

City Printers and Stationers.

83242

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
NOV 28 1885
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5tes Child

1. Sex, (state whether male ~~or female~~)
2. Race or Color, (if not of the white race) White
3. Date of Birth, November the 21, 1885
4. Place of Birth, (Street and Number) S. Exeter St, No 114.
5. Full Name of Mother, Maria Hoffmann
6. Mother's Maiden Name, Maria Jerscheidt
7. Mother's Birthplace, Balto City
8. Full Name of Father, Conrad Hoffmann
9. Father's Occupation, Laborer
10. Father's Birthplace, Balto City

Name of Medical Attendant, or other Person who makes this Return, Mary E. Müller

Address, N. Dallas St. No 26

Remarks,

be in attendance upon the mother, ... the manner and within the period above required, and any such person report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

y & Co., City Printers and Stationers.

RETURN OF A BIRTH

8324 3

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
NOV 30 1885
BALTIMORE MD

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Child.

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth, Nov 1885.

4. Place of Birth, (Street and Number) 164 Hughes st.

5. Full Name of Mother, Maggie Vath

6. Mother's Maiden Name, Frey

7. Mother's Birthplace, America

8. Full Name of Father, Anselm Vath

9. Father's Occupation, Blacksmith

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return. J. Lohmaier. Midwife

Address, 330 Hanover st

Remarks,

RETURN OF A BIRTH

S3244

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
NOV 30 1885
BALTIMORE, MD.

1. *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1/1
2. *Sex, (state whether male or female)* Male
3. *Race or Color, (if not of the white race)*
4. *Date of Birth,* 21 November
5. *Place of Birth, (Street and Number)* 62 President
6. *Full Name of Mother,* Katie Baskalo
7. *Mother's Maiden Name,* Busta
8. *Mother's Birthplace,* Italy
9. *Father's Occupation,* Henry Baskalo
10. *Father's Birthplace,* Musicianer
11. *Name of Medical Attendant,* or other Person who makes this Return. Italy
12. *Address,* Sarah Casper
13. *Remarks,* 72 E. Lombard

..., City Printers and Stationers.

RETURN OF A BIRTH. 83245

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, NOV. 25 1885 BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth 22 Day of November 1885

4. Place of Birth, (Street and Number) Ct. 500 Hanover St

5. Full Name of Mother, Emma Collins

6. Mother's Maiden Name, Emma Somers

7. Mother's Birthplace, Virginia

8. Full Name of Father, Daniel Collins

9. Father's Occupation, Painter

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. Selina Gresham

Address, Ct. 128 West St

Remarks,

or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of ten dollars for each offence to be recovered at other fines and forfeitures are recoverable.

y & Co., City Printers and Stationers.

RETURN OF A BIRTH

83216

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
NOV 25 1885
BALTIMORE MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* Nov 22 1885

4. *Place of Birth, (Street and Number)* 42 Hill St.

5. *Full Name of Mother,* Augusta C. Hoeflich

6. *Mother's Maiden Name,* " " Quartmann

7. *Mother's Birthplace,* Balto.

8. *Full Name of Father,* Theodore A. Hoeflich

9. *Father's Occupation,* Clerk

10. *Father's Birthplace,* Balto.

Name of Medical Attendant, or other Person who makes this Return. Edward P. McDevitt

Address, 527 Lexington St.

Remarks,

for each offense to be recovered as other fines and forfeitures are recoverable.

...., City Printers and Stationers.

RETURN OF A BIRTH.

83247

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
NOV 25 1885
BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 9

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth Nov 22d 1885

4. Place of Birth, (Street and Number) No 10 Tennant Ct

5. Full Name of Mother, Sophia Elizabeth Spies

6. Mother's Maiden Name, " " Spies

7. Mother's Birthplace, Baltimore Md

8. Full Name of Father, Chas C Spies

9. Father's Occupation, Carpenter

10. Father's Birthplace, Hartford Co Md

Name of Medical Attendant, or other Person who makes this Return. M K Warner M D

Address, Cor Lafayette Ave & Stricker St

Remarks,

Co., City Printers and Stationers.

83248

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
NOV 26 1885
BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1. *Sex, (state whether male or female)* gail
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth* 22 of November
4. *Place of Birth, (Street and Number)* 35 rose stree
5. *Full Name of Mother,* Leine shick
6. *Mother's Maiden Name,* Leine shick
7. *Mother's Birthplace,* Smithburg
8. *Full Name of Father,* John shick
9. *Father's Occupation,* Taber
10. *Father's Birthplace,* Aslaine start

Name of Medical Attendant, or other Person who makes this Return. christenen struman

Address,

Remarks,

birth of any child shall occur without the attendance of a physician or practitioner, the duty of the person or parents of such child, to be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

83219

the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, NOV 30 1885 BALTIMORE, MD

f Child of Mother, (state whether 1st, 2d, 3d, &c.) 10 1

, (state whether male or female) female

ce or Color, (if not of the white race) white

te of Birth, Nov 22 1885

ce of Birth, (Street and Number) #30 Sasafras

l Name of Mother, Mary Imbach

ther's Maiden Name, Mary Oberdel

ther's Birthplace, Bavaria

l Name of Father, Frank Imbach

her's Occupation, Gardner

her's Birthplace, Baden Canton Aargau Switzerland

ne of Medical Attendant, or other Person who makes this Return. Geo Brandt

ress, Frank Imbach 30 Sasafras st.

arks,

tationers.

RETURN OF A BIRTH

8.3250

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
NOV 30 1885
BALTIMORE, MD

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth, Nov 22 1885

4. Place of Birth, (Street and Number) 176 West st

5. Full Name of Mother, Emma Hess

6. Mother's Maiden Name, Friedrich

7. Mother's Birthplace, Germany

8. Full Name of Father, John Hess

9. Father's Occupation, Carpenter

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return. J. Lehmaier Midwife

Address, 330 Hanover st

Remarks,

RETURN OF A BIRTH.

83251

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPART.
NOV 25 18[illegible]
BALTIMORE MD

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth Nov 23rd 85

4. Place of Birth, (Street and Number) No 61 Centre. Market Space

5. Full Name of Mother, Mrs Louisa Klostreman

6. Mother's Maiden Name, " " Tobell

7. Mother's Birthplace, Germany

8. Full Name of Father, John Klostreman

9. Father's Occupation, Stove Cutter

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs Goetzke

Address, No 55 S Bond st

Remarks,

Co., City Printers and Stationers.

RETURN OF A BIRTH.

B 3252

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
NOV 25 1888
BALTIMORE, MD

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	5th
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	Nov 23d 1888
4. Place of Birth (Street and Number)	548 W. Pratt St.
5. Full Name of Mother	Mary Froom
6. Mother's Maiden Name	Murphy
7. Mother's Birthplace	Baltimore
8. Full Name of Father	August Froom
9. Father's Occupation	Boilermaker
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	H. W. Nebzer M.D.
Address	298 W. Lombard St.
Remarks	

RETURN OF A BIRTH,

8325 B

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
NOV 26 1885
BALTIMORE MD

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Col'd
3. *Date of Birth* November 23 1885
4. *Place of Birth, (Street and Number)* 17 Jasper St.
5. *Full Name of Mother* Susan E. Waters
6. *Mother's Maiden Name* Susan E. Thomas
7. *Mother's Birthplace* Dorchester County
8. *Full Name of Father* Geo W. Waters
9. *Father's Occupation* oyster shucker
10. *Father's Birthplace* Dorchester Co Md

Name of Medical Attendant, or other Person who makes this Return. J. A. Tuckey M.D.

Address 162 Eutaw Pl.

Remarks

RETURN OF A BIRTH.

83254

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
NOV 27 1885
BALTIMORE, MD

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth Nov. 23. 85
4. Place of Birth, (Street and Number) 54. Cross st
5. Full Name of Mother, Mary. Hopkins
6. Mother's Maiden Name, Mary. Hubbard
7. Mother's Birthplace, South. Queen County
8. Full Name of Father, William. Hopkins
9. Father's Occupation, Laborer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs Ann. Nash

Address,

Remarks,

be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

phy & Co., City Printers and Stationers.

RETURN OF A BIRTH

83255

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
NOV 27 1885
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth, Nov 23rd 1885

4. Place of Birth, (Street and Number) 34 Douglas St

5. Full Name of Mother, Georgiana Cavanaugh

6. Mother's Maiden Name, " O'Brien

7. Mother's Birthplace, Scotland

8. Full Name of Father, James Cavanagh

9. Father's Occupation, Teamster

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. Geo. B. Reynolds

Address, 171 N. Calvert St.

Remarks,

RETURN OF A BIRTH

8256

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, NOV 28 1885 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4. fourth

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) white

3. Date of Birth, November 23 1885

4. Place of Birth, (Street and Number) 29. Portland st.

5. Full Name of Mother, Annie Sadtler

6. Mother's Maiden Name, Annie Krummholz.

7. Mother's Birthplace, Baltimore City

8. Full Name of Father, James Sadtler

9. Father's Occupation, Teamster

10. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other Person who makes this Return Wm Heinrich Schlifer

Address, 22. Columbia Ave.

Remarks,

y Printers and Stationers.

RETURN OF A BIRTH.

8359

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 11th

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White.

3. Date of Birth 23 Nov 1885.

4. Place of Birth, (Street and Number) No 173. East Pratt St.

5. Full Name of Mother, Mary Byrne

6. Mother's Maiden Name, " Mitchell

7. Mother's Birthplace; Baltimore

8. Full Name of Father, Henry Byrne

9. Father's Occupation, Laborer

10. Father's Birthplace, Roscommon Ireland

Name of Medical Attendant, or other Person who makes this Return. Ann Kroman

Address, No 105 Eden st,

Remarks,

HEALTH DEPARTMENT
NOV 28 1885
BALTIMORE MD

.. City Printers and Stationers.

RETURN OF A BIRTH

83258

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
NOV 28 1885
BALTIMORE MD

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	9th Child
1. *Sex, (state whether male or female)*	Girl
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	23rd of November 1885
4. *Place of Birth, (Street and Number)*	No 15 Brown lane city
5. *Full Name of Mother,*	Mrs W Willman
6. *Mother's Maiden Name,*	Miss Mary Schmeuser
7. *Mother's Birthplace,*	Born Bayern Germany
8. *Full Name of Father,*	Mr Willman
9. *Father's Occupation,*	Spinner
10. *Father's Birthplace,*	Born Bayern Germany
Name of Medical Attendant, or other Person who makes this Return.	Mr Killer
Address,	1017 west Pratt st city
Remarks,	

for each offence to be recovered as other fines and forfeitures are recoverable.

., City Printers and Stationers.

83259

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
NOV 28 1885
BALTIMORE, MD

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. Sex (state whether male or female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth Nov 23rd 1885
4. Place of Birth (Street and Number) 29 Garden St.
5. Full Name of Mother Annie Carson Cowman.
6. Mother's Maiden Name Annie Carson Fisher.
7. Mother's Birthplace Baltimore Md.
8. Full Name of Father Albert Cowman
9. Father's Occupation Salesmen
10. Father's Birthplace Anna Arundal Co

Name of Medical Attendant, or other Person who makes this Return. Elizabeth Earp [illegible]

Address [illegible]

Remarks

RETURN OF A BIRTH

8326a

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
NOV 30 1885
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, 23 November
4. Place of Birth, (Street and Number) 15 Watson
5. Full Name of Mother, Mary Zucker
6. Mother's Maiden Name, Keener
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Robert H. Zucker
9. Father's Occupation, Painter
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. Sarah Casper

Address, 92. E. Lombard

Remarks,

for each offense to be recovered as other fines and forfeitures are recoverable.

..., City Printers and Stationers.

83261

RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
NOV 26 1885
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Sixth
1. Sex (state whether male or female)	Female
2. Race or Color, (if not of the white race)	White
3. Date of Birth	Nov. 24. 85
4. Place of Birth, (Street and Number)	213 N. Fremont St
5. Full Name of Mother	Virginia C. Wright
6. Mother's Maiden Name	" " Wolf
7. Mother's Birthplace	Emmitsburg Fredk Co. Md
8. Full Name of Father	Richard Wright
9. Father's Occupation	Produce Dealer
10. Father's Birthplace	Ireland
Name of Medical Attendant, or other Person who makes this Return.	A. S. Walton MD
Address	282 W. Lombard St
Remarks	

8326

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
NOV 26 1885
BALTIMORE MD

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2d
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Nov 24th 1885
4. Place of Birth (Street and Number)	318 S. Paca St.
5. Full Name of Mother	Lizzie Minnie Shawker
6. Mother's Maiden Name	Benseler
7. Mother's Birthplace	Baltimore
8. Full Name of Father	John Shawker
9. Father's Occupation	Carter
10. Father's Birthplace	Anne Arundel Co. Md
Name of Medical Attendant, or other Person who makes this Return.	H. H. Hebner M.D.
Address	298 W. Lombard St.
Remarks	

8326 3

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
NOV 28 1895
BALTIMORE, MD

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	9th
1. Sex (state whether male or female)	Female
2. Race or Color (if not of the white race)	Colored
3. Date of Birth	November 24th 1895 ~~131 Dallas St~~
4. Place of Birth (Street and Number)	131 Dallas St
5. Full Name of Mother	Mary Howard
6. Mother's Maiden Name	" Walker
7. Mother's Birthplace	A. A. Co. Md.
8. Full Name of Father	Chas. Howard
9. Father's Occupation	Sailor
10. Father's Birthplace	A. A. Co
Name of Medical Attendant, or other Person who makes this Return.	Caity Cockman
Address	131 Chapel St
Remarks	

RETURN OF A BIRTH

8332 b 4

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
NOV 28 1885
BALTIMORE, MD

. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

Sex, (state whether male or female) Female

Race or Color, (if not of the white race) Colord

Date of Birth, Nov 24 1885

Place of Birth, (Street and Number) 22 Union St

Full Name of Mother, Eliza Jones

Mother's Maiden Name, Eliza Smith

Mother's Birthplace, Howard County

Full Name of Father, John Jones

Father's Occupation, Laborer

Father's Birthplace, Eastern Shore Virginia

Name of Medical Attendant, or other Person who makes this Return Harian Mason

Address, 37 Walnut alley

Remarks,

TY PRINTERS AND STATIONERS

GIVEN NAME ADDED 10-7-52

RETURN OF A BIRTH

83265

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

Norman W. Jones

HEALTH DEPARTMENT NOV 29 1885 BALTIMORE, MD.

. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th Child

Sex, (state whether male or female) Male

Race or Color, (if not of the white race) white

Date of Birth, November 24 1885

Place of Birth, (Street and Number) No 11 Mount street

Full Name of Mother, Anna E Jones

Mother's Maiden Name, Anna E Friedhoffer

Mother's Birthplace, Baltimore

Full Name of Father, Jorge Jones

Father's Occupation, store keeper

Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Mary E Anderson

Address, No 10 Boyd street

Remarks,

AND STATIONERS

RETURN OF A BIRTH 83266

11

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT, NOV 30 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11th Child

Sex, (state whether male or female) Female

Race or Color, (if not of the white race) White

Date of Birth, 24th November 1885

Place of Birth, (Street and Number) No 48 Atison Street Balto Md

Full Name of Mother, Laura Schover

Mother's Maiden Name, Laura Flemming

Mother's Birthplace, Germany

Full Name of Father, Charles Schover

Father's Occupation, Laboror

Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return Miss Mary ann Fleming

Address, No 60 South Paca Street Baltimore

Remarks, Mother and Child are doing well

ERS AND STATIONERS

NOTICE

The succeeding document was received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

83267

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
DEC 1 1895
BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth* 24
4. *Place of Birth, (Street and Number)* 125 Hillen St
5. *Full Name of Mother,* Anna Surman
6. *Mother's Maiden Name,* Anna Bunecke
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* C A Surman
9. *Father's Occupation,* Liquor dealer
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs Maennel Midwife

Address, No 8 Pearl str

Remarks,

.. City Printers and Stationers.

RETURN OF A BIRTH

83268

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
NOV 27 1885
BALTIMORE MD

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4
Sex, (state whether male or female)	Female
Race or Color, (if not of the white race)	White
Date of Birth,	Nov. 25 85
Place of Birth, (Street and Number)	84 Franklin
Full Name of Mother,	Mary A Horner
Mother's Maiden Name,	Bowers
Mother's Birthplace,	Balt
Full Name of Father,	John W Horner
Father's Occupation,	Merchant
Father's Birthplace,	Balt
Name of Medical Attendant, or other Person who makes this Return.	Thomas Opie M.D.
Address,	179 N. Howard St.
Remarks,	

ER & STATIONER, BALT.

RETURN OF A BIRTH 83269

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, NOV 27 1885 BALTIMORE MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9

1. *Sex, (state whether male or female)* Mail
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* 25
4. *Place of Birth, (Street and Number)* Preston Street 220
5. *Full Name of Mother,* Martha Settler
6. *Mother's Maiden Name,* Martha Whittington
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* William Settler
9. *Father's Occupation,* Drayman
10. *Father's Birthplace,* Centreville

Name of Medical Attendant, or other Person who makes this Return. Mary Jane Shorsat

Address, 283 Biddle Street

Remarks,

or persons who shall hereafter fail to comply with the provisions of this section, for each offense to be recovered as other fines and forfeitures are recoverable.

Co., City Printers and Stationers.

RETURN OF A BIRTH

83270

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT, NOV 27 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th
Sex, (state whether male or female)	Male
Race or Color, (if not of the white race)	White
Date of Birth,	Nov. 25th/85.
Place of Birth, (Street and Number)	301 Mosher St
Full Name of Mother,	Rosa Colford
Mother's Maiden Name,	" Bushell
Mother's Birthplace,	Maryland
Full Name of Father,	Henry Colford
Father's Occupation,	Physician
Father's Birthplace,	Cuba
Name of Medical Attendant, or other Person who makes this Return.	Thomas Opie M.D.
Address,	179 N Howard St
Remarks,	

ER & STATIONER, BALT.

83271

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, 25th of November

4. Place of Birth, (Street and Number) 204 Bank street

5. Full Name of Mother, Mary Convin

6. Mother's Maiden Name, Mary Clocky

7. Mother's Birthplace, Island

8. Full Name of Father, Patrick Convin

9. Father's Occupation, Labor

10. Father's Birthplace, Island

Name of Medical Attendant, or other Person who makes this Return. Mrs E Fray

Address, 193 South Chester street

Remarks, Healthy Child

HEALTH DEPARTMENT, NOV 28 1885 BALTIMORE, MD.

RETURN OF A BIRTH

83272

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 Child

1. Sex, (state whether male or female) Girl

2. Race or Color, (if not of the white race) White

3. Date of Birth, 25th of November 1885

4. Place of Birth, (Street and Number) No 85 E. Monroe st

5. Full Name of Mother, Mrs Spenden

6. Mother's Maiden Name, Miss Mary Born

7. Mother's Birthplace, Born Baltimore

8. Full Name of Father, Mr Robert Spenden

9. Father's Occupation, Brick Layer

10. Father's Birthplace, Born Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs Killer

Address, 1017 west Pratt st city

Remarks,

HEALTH DEPT NOV 28 1885 BALTIMORE

...ty Printers and Stationers.

RETURN OF A BIRTH.

8327 3

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
NOV 29 1885
BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Second

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth November 25th 1885

4. Place of Birth, (Street and Number) 195 East Lombard Street

5. Full Name of Mother, Emma Graham

6. Mother's Maiden Name, Casline

7. Mother's Birthplace, Baltimore Md

8. Full Name of Father, Eugene E. Graham

9. Father's Occupation, Glass Stainer

10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other Person who makes this Return. J. E. Dorsey M.D.

Address, 241 E. Baltimore St.

Remarks,

...City Printers and Stationers.

83274

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 Child

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race)

3. Date of Birth, Nov 26 th 1885

4. Place of Birth, (Street and Number) 383 s. Charles st

5. Full Name of Mother, Caty Mack

6. Mother's Maiden Name, Ryen

7. Mother's Birthplace, America

8. Full Name of Father, John Mack

9. Father's Occupation, Cigar maker

10. Father's Birthplace, America

Name of Medical Attendant, or other Person who makes this Return. J. Schwasser midwife

Address, 330 Hanover st

Remarks, This Child died after an age of 2½ days this day Nov 28 th 1885 cause of death unknown.

The Child name was Irene Elisabeth Mack.

...y Printers and Stationers.

RETURN OF A BIRTH

8375

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
NOV 27 1895
BALTIMORE, MD

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First Child
Sex, (state whether male or female)	Female
Race or Color, (if not of the white race)	White
Date of Birth,	26 November
Place of Birth, (Street and Number)	380 Division Street.
Full Name of Mother,	Caroline Christopher
Mother's Maiden Name,	Caroline Louisa Work.
Mother's Birthplace,	Baltimore City
Full Name of Father,	John M. Christopher
Father's Occupation,	Carriage Builder
Father's Birthplace,	Baltimore County
Name of Medical Attendant, or other Person who makes this Return.	Miss Dorsey Midwife
Address,	No 18 Walsh Street
Remarks,	None.

H & STATIONER, BALT.

RETURN OF A BIRTH

8327 b

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT, NOV 27 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2d
Sex, (state whether male or female)	Male ✓
Race or Color, (if not of the white race)	White ✓
Date of Birth,	Nov. 26/85 ✓
Place of Birth, (Street and Number)	117 Division ✓
Full Name of Mother,	Alice Renwick ✓
Mother's Maiden Name,	" Stewart ✓
Mother's Birthplace,	Balto. ✓
Full Name of Father,	Robt. G. Renwick
Father's Occupation,	Salesman
Father's Birthplace,	Thomas Opie M D
Name of Medical Attendant, or other Person who makes this Return.	179 N. Howard St.
Address,	
Remarks,	

ER & STATIONER, BALT.

RETURN OF A BIRTH

8277

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. Sex, (state whether male or female) Boy

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, Nov 26 1885

4. Place of Birth, (Street and Number) 55 Burgundy alley

5. Full Name of Mother, Mary Augustus

6. Mother's Maiden Name,

7. Mother's Birthplace, Key River MD

8. Full Name of Father, Moses Augustus

9. Father's Occupation, Laborer

10. Father's Birthplace, Balto City

Name of Medical Attendant, or other Person who makes this Return. Deborah Thomas

Address, 71 Burgundy alley

Remarks,

HEALTH DEPARTMENT
NOV 27 1885
BALTIMORE MD

City Printers and Stationers.

RETURN OF A BIRTH

No. 3278

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, NOV 28 1885 BALTIMORE MD

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) white

3. Date of Birth, November 26 1885

4. Place of Birth, (Street and Number) 129 Druid Hill Ave.

5. Full Name of Mother, Johanna Weller

6. Mother's Maiden Name, Johanna Detering

7. Mother's Birthplace, Baltimore

8. Full Name of Father, John H. Weller

9. Father's Occupation, Coal Dealer

Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs. Kunigunda Schlifer

Address, 22 Columbia Ave.

Remarks,

for each offence to be recovered as other fines and forfeitures are recoverable.

, City Printers and Stationers.

RETURN OF A BIRTH

83279

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
NOV 28 1886
BALTIMORE, MD.

of Child of Mother, (state whether 1st, 2d, 3d, &c.)	first
Sex, (state whether male or female)	Female
Race or Color, (if not of the white race)	Brown skin
Date of Birth,	Nov the 26 1886
Place of Birth, (Street and Number)	Chesnut ally 216
Full Name of Mother,	Laura Robison
Mother's Maiden Name,	Laura Wilington
Mother's Birthplace,	Baltimore
Full Name of Father,	Robert Robison
Father's Occupation,	Easton Md
Father's Birthplace,	Coachman
Name of Medical Attendant, or other Person who makes this Return	Lydia Somerville
Address,	Clinton ave 13
Remarks,	

ND STATIONERS

83280

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First Child

Sex, (state whether male or female) Little Girl

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* 26th of November 1885

4. *Place of Birth, (Street and Number)* Born No. 6 Calverton road

5. *Full Name of Mother,* Mrs. Lizzie Kraus

6. *Mother's Maiden Name,* Miss Lizzie Thone

7. *Mother's Birthplace,* Born Baltimore

8. *Full Name of Father,* Mr Louis Kraus

9. *Father's Occupation,* Cabinet Maker

10. *Father's Birthplace,* Born Kenen Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs Killer

Address, 1017 west Pratt st city

Remarks,

HEALTH DEPARTMENT NOV 28 1885 BALTIMORE, MD.

...of persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

...o., City Printers and Stationers.

83281

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
NOV 28 1885
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Mail

2. Race or Color, (if not of the white race) White

3. Date of Birth, 26th Nove.

4. Place of Birth, (Street and Number) Hammenmelaine

5. Full Name of Mother, Lotto Ginninger (Anacker)

6. Mother's Maiden Name, Lotto Leitenbach

7. Mother's Birthplace, Germenne.

8. Full Name of Father, Hermen Ginninger (Anacker

9. Father's Occupation, Store,

10. Father's Birthplace, Germenne

Name of Medical Attendant, or other Person who makes this Return. Mrs Annie Jumler

Address, 60 North Schroeder St

Remarks, Baltimore Md.

ty Printers and Stationers.

RETURN OF A BIRTH

8.3282

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
NOV 30 1885
BALTIMORE, MD

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth, 26 November

4. Place of Birth, (Street and Number) 70 St Bernard

5. Full Name of Mother, Mary Westerndorf

6. Mother's Maiden Name, Hancha

7. Mother's Birthplace, Germany

8. Full Name of Father, France Westerndorf

9. Father's Occupation, Tailor

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return. Sarah Leapper

Address, 72. E. Lombard street

Remarks,

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

Co., City Printers and Stationers.

RETURN OF A BIRTH

83288

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th Child

1. Sex, (state whether male or female) Girl

2. Race or Color, (if not of the white race) White

3. Date of Birth, 26th of November 1885

4. Place of Birth, (Street and Number) 86 North Washington Street

5. Full Name of Mother, Marjann Mary

6. Mother's Maiden Name, Mary ann Punty

7. Mother's Birthplace, Baltimore

8. Full Name of Father, August Punty

9. Father's Occupation, Laborman

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return. Crescintia Kunkel

Address, 71 North Chapel street per Justina Kunkel

Remarks, Healthy

HEALTH DEPARTMENT
NOV 30 1885
BALTIMORE MD

City Printers and Stationers.

RETURN OF A BIRTH

8 3282

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT, NOV 30 1885 BALTIMORE, MD.

. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th child

Sex, (state whether male or female) female

Race or Color, (if not of the white race) white

Date of Birth, November 26 1885

Place of Birth, (Street and Number) No 213 Caley avenew

Full Name of Mother, Mreasy Neill

Mother's Maiden Name, Mreasy Dinig

Mother's Birthplace, Baltimore

Full Name of Father, John neill

Father's Occupation, glass blower

Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Mary E Anderson

Address, No 10 Boys Street

Remarks,

S AND STATIONERS

RETURN OF A BIRTH, 83285

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
NOV 30 1885
BALTIMORE, MD

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. Sex (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth Nov 26th (Thanksgiving Day) 1885.
4. Place of Birth, (Street and Number) #167 Preston St. (near Eutaw St.).
5. Full Name of Mother Annie Rogers Marsden.
6. Mother's Maiden Name Annie Rogers
7. Mother's Birthplace Baltimore City.
8. Full Name of Father Francis P. Marsden.
9. Father's Occupation Painter
10. Father's Birthplace Baltimore City

Name of Medical Attendant, or other Person who makes this Return. Dr. Robt. J. Wilson.

Address #146 & 152 Park ave.

Remarks Face Presentation.

RETURN OF A BIRTH 83286

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth, 26 November

4. Place of Birth, (Street and Number) 2 Watson Court

5. Full Name of Mother, Nora Freese

6. Mother's Maiden Name, Lee

7. Mother's Birthplace, Baltimore

8. Full Name of Father, John Herman Freese

9. Father's Occupation, Actor

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. Sarah Casper

Address, 72. E. Lombard

Remarks,

HEALTH DEPARTMENT NOV 30 1825 BALTIMORE, MD.

ty Printers and Stationers.

RETURN OF A BIRTH

8328

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth, 26 November

4. Place of Birth, (Street and Number) 15 Concord

5. Full Name of Mother, Ellen Finn

6. Mother's Maiden Name, Burke

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Morris Finn

9. Father's Occupation, Labourer

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. Sarah Casper

Address, 72. E. Lombard street

Remarks,

HEALTH DEPARTMENT
NOV 30 1885
BALTIMORE, MD.

ity Printers and Stationers.

NOTICE

The succeeding document was received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

RETURN OF A BIRTH

B3288
Ann

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

Name of Child: Edward Warner Merryman

HEALTH DEPARTMENT
NOV 30 1925
BALTIMORE, MD.

of Child of Mother (state whether 1st, 2d, 3d, &c.) first

Sex, (state whether male or female) Male

Race or Color, (if not of the white race) White

Date of Birth, Nov. 21st 1925

Place of Birth, (Street and Number) 123 E. Townsend St.

Full Name of Mother, Susie B Merryman

Mother's Maiden Name, " " " Taylor

Mother's Birthplace, Balto Co.

Full Name of Father, Ridgeway Merryman

Father's Occupation, Clerk

Father's Birthplace, Balto

Name of Medical Attendant, or other Person who makes this Return Dr. H. Gambrill

Address, 1901 Sharp St.

Remarks,

AND STATIONERS

RETURN OF A BIRTH

13289

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Nov 24th 1885

4. Place of Birth, (Street and Number) # 695 Hanover

5. Full Name of Mother, Mary Lane Gilbert

6. Mother's Maiden Name, " " Jenkins

7. Mother's Birthplace, Balto

8. Full Name of Father, Albert M. Gilbert

9. Father's Occupation, Life Ins. Agent

10. Father's Birthplace, Harford Co Md

Name of Medical Attendant, or other Person who makes this Return Geo. H. Denison MC

Address, 144 Hanover St Balto

Remarks,

HEALTH DEPARTMENT, NOV 28 1885 BALTIMORE MD.

...RS AND STATIONERS.

RETURN OF A BIRTH

83290

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
NOV 28 1885
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Nov 27th 1885
4. *Place of Birth, (Street and Number)* 146 Hanover St
5. *Full Name of Mother,* Florence M. Hazlip
6. *Mother's Maiden Name,* " " Bohanan
7. *Mother's Birthplace,* Dorchester Co Md
8. *Full Name of Father,* Lloyd J. Hazlip
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* A. A. Co Md

Name of Medical Attendant, or other Person who makes this Return. Theodore Cooke M.D.

Address, 146 Hanover St

Remarks,

ity Printers and Stationers.

RETURN OF A BIRTH

8329 1

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
NOV 29 1885
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd
Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	November 27th 1885
4. Place of Birth, (Street and Number)	310 William St
5. Full Name of Mother,	Camille Earle
6. Mother's Maiden Name,	" Reynolds
7. Mother's Birthplace,	Virginia
8. Full Name of Father,	John Charles Earle
9. Father's Occupation,	Fireman B & O. R.R.
10. Father's Birthplace,	Queen Annes Co Md
Name of Medical Attendant, or other Person who makes this Return.	Dr. Corkran M.D.
Address,	110 Fort Ave
Remarks,	

City Printers and Stationers.

13292

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3.

1. *Sex, (state whether male or female)* M.
2. *Race or Color, (if not of the white race)* W.
3. *Date of Birth,* Nov. 27. 1885
4. *Place of Birth, (Street and Number)* 76 N. Stricker St,
5. *Full Name of Mother,* Kate C. Lips,
6. *Mother's Maiden Name,* Coyle,
7. *Mother's Birthplace,* Balt. City,
8. *Full Name of Father,* Geo. F. Lips,
9. *Father's Occupation,* Clerk,
10. *Father's Birthplace,* Germany,

Name of Medical Attendant, or other Person who makes this Return J. F. Mote M.D.

Address, 247 Lanvale

Remarks,

HEALTH DEPARTMENT NOV 29 1885 BALTIMORE

TRIS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of Child: Ethel H. Shriner

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth, Nov 27th 1895

4. Place of Birth, (Street and Number) 274 Fulton ave

5. Full Name of Mother, Nannie E. Schriner

6. Mother's Maiden Name, Nannie E Miller

7. Mother's Birthplace, Balto-

8. Full Name of Father, E Clay. Shriner

9. Father's Occupation, Salesman

10. Father's Birthplace, Md-

Name of Medical Attendant, or other Person who makes this Return J. M. Hundley M.D.

Address, 22 Edmondson ave

Remarks,

HEALTH DEPARTMENT NOV 30 1895 BALTIMORE, MD

...TORS AND STATIONERS.

RETURN OF A BIRTH.

83294

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, DEC 1 1885 BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race)
3. Date of Birth 27th day of Nov 1885
4. Place of Birth, (Street and Number) Etting str 60
5. Full Name of Mother, Mary Butts
6. Mother's Maiden Name, Mary Gonce
7. Mother's Birthplace, Baltimore City
8. Full Name of Father, W. R. Butts
9. Father's Occupation, Driver
10. Father's Birthplace, Washington

Name of Medical Attendant, or other Person who makes this Return. Mrs. Waennel Midwife

Address, No 8 Pearl Str.

Remarks, Pearl Str

City Printers and Stationers.

RETURN OF A BIRTH, 83295

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
NOV 30 1885
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Fourth.
1. *Sex (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth*	November 28/85.
4. *Place of Birth, (Street and Number)*	W. 167 N. Arlington Ave.
5. *Full Name of Mother*	Georgie L. Vail.
6. *Mother's Maiden Name*	Hallaren.
7. *Mother's Birthplace*	Maryland.
8. *Full Name of Father*	James H. Vail
9. *Father's Occupation*	Clerk
10. *Father's Birthplace*	New Jersey
Name of Medical Attendant, or other Person who makes this Return.	Louis W. Knight M.D.
Address	No. 112 N. Eden St.
Remarks	

RETURN OF A BIRTH

83296

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
NOV 30 1885
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th child.

Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth, Nov 1885.

4. Place of Birth, (Street and Number) 14 Little short st.

5. Full Name of Mother, Ida Elder.

6. Mother's Maiden Name, Mercer.

7. Mother's Birthplace, America.

8. Full Name of Father, Henry Elder.

9. Father's Occupation, Wood turner

10. Father's Birthplace, America.

Name of Medical Attendant, or other Person who makes this Return. J. Schwaner. Midwife.

Address, 330 Hanover st

Remarks,

RETURN OF A BIRTH.

83297

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
NOV 30 19
BALTIMORE MD

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2d
1. *Sex (state whether Male or Female)*	Male ~~White~~
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	Nov. 28th 2 A.M.
4. *Place of Birth (Street and Number)*	168 Mc Henry St
5. *Full Name of Mother*	Willow Blanche Birkett
6. *Mother's Maiden Name*	Mason
7. *Mother's Birthplace*	Virginia
8. *Full Name of Father*	Wm H Birkett
9. *Father's Occupation*	Carpenter
10. *Father's Birthplace*	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	H W Webner M.D.
Address	298 W Lombard St
Remarks	

NOTICE

The succeeding documents were received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

RETURN OF A BIRTH 83298

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT, NOV 30 1885 BALTIMORE, MD.

o. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

Sex, (state whether male or female) male

Race or Color, (if not of the white race) white

Date of Birth, Nov. 28th 1885

Place of Birth, (Street and Number) 18 Bank st

Full Name of Mother, Mary Riley

Mother's Maiden Name, " Gilboy

Mother's Birthplace, Lebannon Co Pa.

Full Name of Father, Cornelius M. Riley

Father's Occupation, Clerk

Father's Birthplace, Balto Md

Name of Medical Attendant, or other Person who makes this Return Pierre G. Dauschmd

Address, 325 E. Baltimore st

Remarks,

CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH 83299

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT, DEC 1 1885 BALTIMORE, MD.

of Child of Mother, (*state whether* 1*st*, 2*d*, 3*d*, *&c.*) 7.

Sex, (*state whether male or female*) Female

Race or Color, (*if not of the white race*) White

Date of Birth, Nov. 28. 1885.

Place of Birth, (*Street and Number*) 70 York St.

Full Name of Mother, Mary Bauer

Mother's Maiden Name, Stalla

Mother's Birthplace, Ireland

Full Name of Father, James Bauer

Father's Occupation, Laborer

Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Mrs. Schlosnagle

Address, 220 Montgomery St.

Remarks,

AND STATIONERS

RETURN OF A BIRTH.

83 300

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
NOV 30 1885
BALTIMORE, MD

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) White.
3. Date of Birth November 28, 1885.
4. Place of Birth, (Street and Number) 43 Pinkney Place.
5. Full Name of Mother, Lizzie Crow Cooper.
6. Mother's Maiden Name, Lizzie Crow Laws.
7. Mother's Birthplace, Wilmington, Del.
8. Full Name of Father, Fletcher Ellsworth Cooper.
9. Father's Occupation, Reporter Morning Herald.
10. Father's Birthplace, Smyrna, Del.

Name of Medical Attendant, or other Person who makes this Return. Dr. Shotwell Townsend, M.D.

Address, 27 W. Eager Street.

Remarks, (Former address, 30 First Street)

...City Printers and Stationers.

RETURN OF A BIRTH

83301

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
NOV 30 1885
BALTIMORE MD

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st Child.

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth, Nov 29 1885

4. Place of Birth, (Street and Number) Cor Hanover & Cross

5. Full Name of Mother, Elisabeth Rode

6. Mother's Maiden Name, Goerke

7. Mother's Birthplace, Germany

8. Full Name of Father, Louis Rode

9. Father's Occupation, Restaurant

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return. J. Lohmann Midwife

Address, 330 Hanover st

Remarks,

RETURN OF A BIRTH. 83 302

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* W.
3. *Date of Birth* Nov. 29 [illegible]
4. *Place of Birth, (Street and Number)* 82 [illegible]
5. *Full Name of Mother,* Mary E. Bardroff
6. *Mother's Maiden Name,* " " Durkin
7. *Mother's Birthplace,* Bile.
8. *Full Name of Father,* Geo. Ed. Bardroff
9. *Father's Occupation,* Coal Merchant
10. *Father's Birthplace,* Bile.

Name of Medical Attendant, or other Person who makes this Return. G. L. Wirtens

Address, [illegible] St. Broadway

Remarks,

HEALTH DEPARTMENT
NOV 30 1885
BALTIMORE, MD

Co., City Printers and Stationers.

RETURN OF A BIRTH.

B 3303

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT, DEC 1 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	7th
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	Colored
3. Date of Birth	Nov 29/85
4. Place of Birth (Street and Number)	77 Hargrove alley
5. Full Name of Mother	Harriet Purviance
6. Mother's Maiden Name	" Hurley
7. Mother's Birthplace	Balto Md
8. Full Name of Father	Charles Henry Purviance
9. Father's Occupation	Clergyman
10. Father's Birthplace	Balto Md
Name of Medical Attendant, or other Person who makes this Return.	Thos. J. Ward M D
Address	127 St Paul St
Remarks	

RETURN OF A BIRTH.

83304

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3d.

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth Nov 29th 1885.

4. Place of Birth (Street and Number) 736 Ley st.

5. Full Name of Mother Caroline B Worthington

6. Mother's Maiden Name Caroline B Ogle

7. Mother's Birthplace Pr Ges Co Md

8. Full Name of Father Thos H Worthington.

9. Father's Occupation Machinist.

10. Father's Birthplace Howard Co Md

Name of Medical Attendant, or other Person who makes this Return. Geo[illegible] Ogle M D

Address 229 N Carey st.

Remarks

HEALTH DEPARTMENT, DEC 1 1885 BALTIMORE, MD.

RETURN OF A BIRTH

83305

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	30 march 1883
Sex, (state whether male or female)	Male
Race or Color, (if not of the white race)	Colored
Date of Birth,	30 march 1883
Place of Birth, (Street and Number)	54 Camel alley balto city
Full Name of Mother,	Mary Elen Pilghman
Mother's Maiden Name,	Mary Elen Jenkins
Mother's Birthplace,	James Henry Pilghman
Full Name of Father,	Express Wagon
Father's Occupation,	Baltimore Maryland
Father's Birthplace,	A A County
Name of Medical Attendant, or other Person who makes this Return	
Address,	Mrs Rosetta Gross
Remarks,	No 69 Jenkins alley Baltimore

HEALTH DEPARTMENT
NOV 27 1883
BALTIMORE MD

AND STATIONERS

RETURN OF A BIRTH

83306

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT, NOV 27 1885 BALTIMORE MD

. of Child of Mother, (state whether 1st, ~~2d, 3d, &c.~~)

Sex, (state whether male or female) Female

Race or Color, (if not of the white race) Colored

Date of Birth, June 8th

Place of Birth, (Street and Number) 147 Etting

Full Name of Mother, Annie Matthews

Mother's Maiden Name, Annie Sheridan

Mother's Birthplace, Baltimore

Full Name of Father, John Matthews

Father's Occupation, Laborer

Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Mrs Rosetta Gross

Address, No 69 Jenkins Alley Baltimore

Remarks,

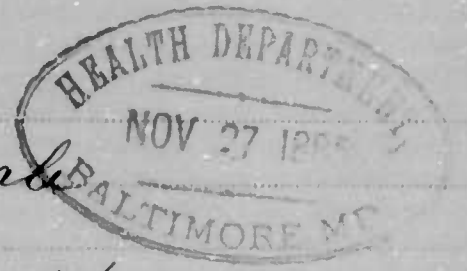
S AND STATIONERS

RETURN OF A BIRTH

83307

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
Sex, (state whether male or female)	Female
Race or Color, (if not of the white race)	Colored
Date of Birth,	July 1st 1885
Place of Birth, (Street and Number)	No 147 Etting St
Full Name of Mother	Edith Johnson
Mother's Maiden Name,	
Mother's Birthplace,	Balto Md
Full Name of Father,	Geo. Johnson
Father's Occupation,	Laborer
Father's Birthplace,	Balto Md
Name of Medical Attendant, or other Person who makes this Return	Rossetta Gross
Address,	69 Jenkins Alley
Remarks,	

AND STATIONERS

RETURN OF A BIRTH

83308

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Third (3rd)
Sex, (state whether male or female)	Male
Race or Color, (if not of the white race)	Colored
Date of Birth,	October 29th
Place of Birth, (Street and Number)	31 Butler St
Full Name of Mother,	Mary E. Earles
Mother's Maiden Name,	M E. Hopkins
Mother's Birthplace,	St Michaels Maryland
Full Name of Father,	Daniel J. Earles
Father's Occupation,	Waiter
Father's Birthplace,	Baltimore City
Name of Medical Attendant, or other Person who makes this Return	
Address,	
Remarks,	

HEALTH DEPARTMENT
NOV 27 1885
BALTIMORE, MD.

S AND STATIONERS

RETURN OF A BIRTH.

82309

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
NOV 29 1885
BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) Colored

3. Date of Birth October 30th 1885

4. Place of Birth, (Street and Number) #10 North Wolfe St Extended

5. Full Name of Mother, Lotta Hutten

6. Mother's Maiden Name, " Harris

7. Mother's Birthplace, St Marys Co Md

8. Full Name of Father, Thomas Hutten

9. Father's Occupation, Laborer

10. Father's Birthplace, Anne Arundel Co Md

Name of Medical Attendant, or other Person who makes this Return. D. E. Dooley MD

Address, 241 E Baltimore St

Remarks,

...., City Printers and Stationers.

RETURN OF A BIRTH.

83310

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
NOV 22 1885
BALTIMORE MD

No. of Child of Mother (state whether 1st, 2d, 3d, &c)	Seventh
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Oct 30th 1885
4. Place of Birth (Street and Number)	S. W. Cor Point Lane & Aisquith Sts
5. Full Name of Mother	Annie E Baker
6. Mother's Maiden Name	Annie E Colyer
7. Mother's Birthplace	Towsontown Balto Co
8. Full Name of Father	Henry Baker
9. Father's Occupation	Confectioner
10. Father's Birthplace	Baltimore Co
Name of Medical Attendant, or other Person who makes this Return.	A C Wilson
Address	399 N Central Ave
Remarks	

83311

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

~~Name Ida Louisa~~

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth Nov 1 — 1885
4. Place of Birth, (Street and Number) S. W. Corner of Pratt & High
5. Full Name of Mother, Ida Bertha Brandt
6. Mother's Maiden Name, Teist
7. Mother's Birthplace, Germany
8. Full Name of Father, Ernst Peter Louis Brandt
9. Father's Occupation, Cemment Floors
10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return. Mary Stein

Address, 151 E Pratt St.

Remarks,

HEALTH DEPARTMENT, DEC 2 1885 BALTIMORE, MD.

o., City Printers and Stationers.

RETURN OF A BIRTH

83312

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Male

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* Nov. 14 1885

4. *Place of Birth, (Street and Number)* 70 Pine St

5. *Full Name of Mother,* Katie Wells

6. *Mother's Maiden Name,* Katie Wambach

7. *Mother's Birthplace,* Virginia

8. *Full Name of Father,* Andrew Wells

9. *Father's Occupation,* Plumber

10. *Father's Birthplace,* South Carolina

Name of Medical Attendant, or other Person who makes this Return. Jno C Messenger

Address, 398 Penna Ave

Remarks,

HEALTH DEPARTMENT DEC 2 1885 BALTIMORE, MD.

City Printers and Stationers.

RETURN OF A BIRTH

8316

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

Name Ida Louisa Harrison

HEALTH DEPARTMENT
DEC 6 1885
BALTIMORE, MD

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
Sex, (state whether male or female)	Female
Race or Color, (if not of the white race)	White
Date of Birth,	Nov. 1st, 1885.
Place of Birth, (Street and Number)	253 Battery Ave
Full Name of Mother,	Emma L. Harrison
Mother's Maiden Name,	Clark
Mother's Birthplace,	Md
Full Name of Father,	Thos. M. Harrison
Father's Occupation,	Boiler-maker
Father's Birthplace,	Md.
Name of Medical Attendant, or other Person who makes this Return.	Robert S. Rowe M.D.
Address,	333 Light St.
Remarks,	

ER & STATIONER, BALT.

RETURN OF A BIRTH

83314

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
DEC 2 1885
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Sixth

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) Black

3. Date of Birth, Nov. 1, 1885

4. Place of Birth, (Street and Number) Maternité, 161 W Lombard St.

5. Full Name of Mother, Mrs Mary Anderson

6. Mother's Maiden Name, Mary Holland

7. Mother's Birthplace, Pa.

8. Full Name of Father, E. Anderson

9. Father's Occupation, Laborer

10. Father's Birthplace, Balto.

Name of Medical Attendant, or other Person who makes this Return. William S. Gardner M.D.

Address, Maternité

Remarks,

for each offence to be recovered as other fines and forfeitures are recoverable.

, City Printers and Stationers.

RETURN OF A BIRTH

83315

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) [illegible]
2. Race or Color, (if not of the white race)
3. Date of Birth, Nov 3/85
4. Place of Birth, (Street and Number) 69 Chapel St
5. Full Name of Mother, Since Luther
6. Mother's Maiden Name, Hartmann
7. Mother's Birthplace, Baltimore
8. Full Name of Father, John Luther
9. Father's Occupation, Laborer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs. Louise Kraft

Address, 142 S. Washington St.

Remarks,

HEALTH DEPARTMENT, DEC 3 1885 BALTIMORE, MD.

City Printers and Stationers.

Over

RETURN OF A BIRTH

83316

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9th & 8th

1. Sex, (state whether male or female) Michael Samuel Male

2. Race or Color, (if not of the white race)

3. Date of Birth, Nov. 3 / 85

4. Place of Birth, (Street and Number) 289 S. Bond Street,

5. Full Name of Mother, Rebecca Henriette Samuel

6. Mother's Maiden Name, Rebecca Grunwald ~~Grimebaum~~ (Greenwald)

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Jacob ~~Jakob~~ Samuel

9. Father's Occupation, Butcher

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs. Louise Kraft

Address, 142 S. Washington St.

Remarks,

HEALTH DEPARTMENT
DEC 3 1885
BALTIMORE, MD.

City Printers and Stationers.

RETURN OF A BIRTH.

§3217

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, DEC 2 1895 BALTIMORE, MD

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st.

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth November 30th

4. Place of Birth, (Street and Number) 285 Light str

5. Full Name of Mother, Gate Willing

6. Mother's Maiden Name, Hanover Germany

7. Mother's Birthplace,

8. Full Name of Father, I B Hoytych

9. Father's Occupation, Merchand Tailor

10. Father's Birthplace, Posen Germany

Name of Medical Attendant, or other Person who makes this Return. Mer Munch

Address, No 1 Leadenhall St

Remarks,

...Co., City Printers and Stationers.

RETURN OF A BIRTH.

83318

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Second

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth November 3. 1885

4. Place of Birth, (Street and Number) 914 N Carolina st

5. Full Name of Mother, Laura V Lindsay

6. Mother's Maiden Name, Livingston

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Marion Lindsay

9. Father's Occupation, Plasterer

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mary A Allwell

Address, 286 E Mt Dorough st

Remarks,

HEALTH DEPARTMENT DEC 3 1885 BALTIMORE MD

For each Sentence to be recovered as other fines and forfeitures are recoverable.

Co., City Printers and Stationers.

RETURN OF A BIRTH

8 3319

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
DEC 2 1885
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth, Nov 4th 1885

4. Place of Birth, (Street and Number) 219 S Ann st

5. Full Name of Mother, Minnie Gillet

6. Mother's Maiden Name, " Lake

7. Mother's Birthplace, City

8. Full Name of Father, Thomas Gillet

9. Father's Occupation, Painter

10. Father's Birthplace, City

Name of Medical Attendant, or other Person who makes this Return. Mrs Elizabeth Ritz

Address, 120 Bank St.

Remarks,

City Printers and Stationers.

83320

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, DEC 2 1885 BALTIMORE CITY

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1. *Sex, (state whether male or female)*
2. *Race or Color, (if not of the white race)*
3. *Date of Birth* Nov 4th 20 Minutes after 5 o'clock P.M.
4. *Place of Birth, (Street and Number)* 37 Claret Str.
5. *Full Name of Mother,* Mary L. Frank
6. *Mother's Maiden Name,* Mary L. Mehring
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* John Frank
9. *Father's Occupation,* Varnisher
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs Munch

Address, No 1 Ladenhall St

Remarks,

Co. City Printers and Stationers.

RETURN OF A BIRTH

83321

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* Nov 5th 1885
4. *Place of Birth, (Street and Number)* 116 Pine St
5. *Full Name of Mother,* Annie Bryan
6. *Mother's Maiden Name,* Annie Ambrose
7. *Mother's Birthplace,* Balto md
8. *Full Name of Father,* Edmond Bryan
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Balto md

Name of Medical Attendant, or other Person who makes this Return. Mrs. A. Messenehl

Address, 398 Penna ave

Remarks,

HEALTH DEPARTMENT, DEC 2 1885 BALTIMORE, MD

City Printers and Stationers.

RETURN OF A BIRTH.

83322

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, DEC 2 1885 BALTIMORE, MD

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth November 6 t. 1885

4. Place of Birth, (Street and Number) Baltimore, Cor Charles & York St. c. 19

5. Full Name of Mother, Anna Margaretha Lauterbach

6. Mother's Maiden Name, Anna Margaretha Roerber

7. Mother's Birthplace, Germania

8. Full Name of Father, John Lauterbach

9. Father's Occupation, Backer

10. Father's Birthplace, Germania

Name of Medical Attendant, or other Person who makes this Return. Mrs Munch

Address, No 1 Leadenhall St

Remarks,

o. City Printers and Stationers.

RETURN OF A BIRTH.

8 3325

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or ~~female~~)
2. Race or Color, (if not of the white race)
3. Date of Birth 7 November
4. Place of Birth, (Street and Number) No 2 Salem St
5. Full Name of Mother, Lizzie unger
6. Mother's Maiden Name, Kappel
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Henry unger
9. Father's Occupation, Labar
10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs Mench

Address, 1 Leaden Hall st

Remarks,

HEALTH DEPARTMENT
DEC 2 1885
BALTIMORE, MD

Co. City Printers and Stationers.

5-10-36 83324

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY

Isabel Orem

of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

Sex, (state whether male or female)

Race or Color, (if not of the white race) White

Date of Birth, November 7th 1885

Place of Birth, (Street and Number) 36 East Lombard

Full Name of Mother, Isabel Orem

Mother's Maiden Name, Henly

Mother's Birthplace, Baltimore

Full Name of Father, Charles Allen Orem

Father's Occupation, Finisher Furniture

Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Wm H Diffenderffer M.D.

Address, 140 Bolton St

Remarks,

HEALTH DEPARTMENT DEC 2 1885 BALTIMORE, MD

AND STATIONERS

NOTICE

The succeeding document was received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

83325

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, ~~2d, 3d,~~ &c.)

1. *Sex, (state whether male or female)*
2. *Race or Color, (if not of the white race)* W
3. *Date of Birth* November 7 1885
4. *Place of Birth, (Street and Number)* 3 30 St Balto
5. *Full Name of Mother,* Jane Pendleton
6. *Mother's Maiden Name,* Jane Pendleton
7. *Mother's Birthplace,* Balto Md
8. *Full Name of Father,* Nathan Pendleton
9. *Father's Occupation,* Bookkeeper
10. *Father's Birthplace,* Balto Md

Name of Medical Attendant, or other Person who makes this Return. J H Pattison M D

Address, 23 Franklin St

Remarks,

HEALTH DEPARTMENT DEC 1 1885 BALTIMORE, MD.

Co., City Printers and Stationers.

83326

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, DEC 7 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Nov. 7th
4. *Place of Birth, (Street and Number)* West. Lombardt st. 556
5. *Full Name of Mother,* Annie H. Wolf.
6. *Mother's Maiden Name,* Annie H. Roth
7. *Mother's Birthplace,* Baltimore City
8. *Full Name of Father,* Jacob Wolf.
9. *Father's Occupation,* Laborer.
10. *Father's Birthplace,* Catonsville Balto. County M.D.

Name of Medical Attendant, or other Person who makes this Return. E Dunnan

Address, No 814 Lombard St

Remarks,

City Printers and Stationers.

RETURN OF A BIRTH

83327

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
DEC 7 1885
BALTIMORE MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth, November 8 to 1885

4. Place of Birth, (Street and Number) 443 Canton Ave

5. Full Name of Mother, Elizabetha Zimmer

6. Mother's Maiden Name, " Lang

7. Mother's Birthplace, City

8. Full Name of Father, Henry Zimmer

9. Father's Occupation, Laborer

10. Father's Birthplace, City

Name of Medical Attendant, or other Person who makes this Return. Mrs Elizabeth Belz

Address, 120 Bank st

Remarks,

City Printers and Stationers.

RETURN OF A BIRTH

83328

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
DEC 2 1885
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 13th

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth, Nov 8th 1885

4. Place of Birth, (Street and Number) No 8 S. Wolfe st.

5. Full Name of Mother, Mary Hagen

6. Mother's Maiden Name, " Haschert

7. Mother's Birthplace, Germany

8. Full Name of Father, John Hagen

9. Father's Occupation, Cabinet maker

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs Elizabeth Betz

Address, 120 Bank st.

Remarks,

City Printers and Stationers.

83329

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Nov the 9. 1885
4. *Place of Birth, (Street and Number)* No 755 Lombard st
5. *Full Name of Mother,* georgeanna laudenslager
6. *Mother's Maiden Name,* georgeanna dove
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* william Th laudenslager
9. *Father's Occupation,* Machinist
10. *Father's Birthplace,* Baltimore C O Md

Name of Medical Attendant, or other Person who makes this Return. Mrs S Dolley

Address, No 797 Pratt st

Remarks,

HEALTH DEPARTMENT
DEC 1885
BALTIMORE, MD.

City Printers and Stationers.

RETURN OF A BIRTH

83330

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
DEC 6 1885
BALTIMORE MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d Child

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth, Nov. 9th 1885

4. Place of Birth, (Street and Number) 145 Henrietta St.

5. Full Name of Mother, Sophia Koenlein

6. Mother's Maiden Name, " Rehling

7. Mother's Birthplace, Balto. City

8. Full Name of Father, Wm F. Koenlein

9. Father's Occupation, Carter

10. Father's Birthplace, Balto. City

Name of Medical Attendant, or other Person who makes this Return. R. J. H. Tall. M.D.

Address, 152 Sharp St.

Remarks,

Printers and Stationers.

RETURN OF A BIRTH

83331

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth, Nov. 9 1885

4. Place of Birth, (Street and Number) 147 Register St.

5. Full Name of Mother, Lisbeth Maiers

6. Mother's Maiden Name, Sumer

7. Mother's Birthplace, Baltimore

8. Full Name of Father, John Maiers

9. Father's Occupation, Laborer

Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs. L Kraft.

Address, 142. S Washington

Remarks,

HEALTH DEPARTMENT, DEC 3 1885 BALTIMORE MD.

for each offence to be recovered as other fines and forfeitures are recoverable.

, City Printers and Stationers.

RETURN OF A BIRTH.

83332

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, DEC 2 1885 BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth Nov 9 1885
4. Place of Birth, (Street and Number) 66 S. Register
5. Full Name of Mother, Elisabetha Hildebrand
6. Mother's Maiden Name, Stein
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, Samuel Hildebrand
9. Father's Occupation, Machinist
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mary Stein

Address, 151 E. Pratt St.

Remarks,

.. City Printers and Stationers.

83333

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex, (state whether male or female)* Male

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth.* Nove 18th /85

4. *Place of Birth, (Street and Number)* 261 Druid Hill ave

5. *Full Name of Mother,* Hannah McManus

6. *Mother's Maiden Name,* Hannah O'Connel

7. *Mother's Birthplace,* Ireland

8. *Full Name of Father,* Bernhard & McManus

9. *Father's Occupation,* Black Smith

10. *Father's Birthplace,* Ireland

Name of Medical Attendant, or other Person who makes this Return. Mrs A. Mesenzehr

Address, 398 Penna

Remarks,

HEALTH DEPARTMENT DEC 2 1885 BALTIMORE, MD.

City Printers and Stationers.

RETURN OF A BIRTH.

83334

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
DEC 2 1885
BALTIMORE MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth Nov. 10 - 1885

4. Place of Birth, (Street and Number) 153 S. Chapel St.

5. Full Name of Mother, Luise Stamp

6. Mother's Maiden Name, Meyer

7. Mother's Birthplace, Baltimore

8. Full Name of Father, John Stamp

9. Father's Occupation, Laborer

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mary Stein

Address, 151 E Pratt St.

Remarks,

...o., City Printers and Stationers.

RETURN OF A BIRTH

82335

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
DEC 2 1885
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9th

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth, Nov 11th 1885

4. Place of Birth, (Street and Number) 279 Canton Ave

5. Full Name of Mother, Christina Diering

6. Mother's Maiden Name, " Rau

7. Mother's Birthplace, Germany

8. Full Name of Father, Henry L. Diering

9. Father's Occupation, Grocer

10. Father's Birthplace, City

Name of Medical Attendant, or other Person who makes this Return. Mrs Elizabeth Belz

Address, 120 Bank st

Remarks,

City Printers and Stationers.

83336

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* the 11th of November
4. *Place of Birth, (Street and Number)* 411. South. Eutaw. st.
5. *Full Name of Mother,* Jennie. Simms.
6. *Mother's Maiden Name,* Jennie. Higdon.
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* W. C. Simms.
9. *Father's Occupation,* Wire. Worker.
10. *Father's Birthplace,* Baltimore.

Name of Medical Attendant, or other Person who makes this Return — Marg. E. Bentley

Address. No 9 Rinehart Al-

Remarks, Child living

HEALTH DEPARTMENT
DEC 6 1865
BALTIMORE, MD.

ERS AND STATIONERS.

RETURN OF A BIRTH

S2337

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth, Nov 12th 1885

4. Place of Birth, (Street and Number) 224 Bank str

5. Full Name of Mother, Mary Wilhelm

6. Mother's Maiden Name, " Schmidt

7. Mother's Birthplace, City

8. Full Name of Father, August Wilhelm

9. Father's Occupation, Carpenter

10. Father's Birthplace, City

Name of Medical Attendant, or other Person who makes this Return. Mrs Elizabeth Betz

Address, 120 Bank St

Remarks,

HEALTH DEPARTMENT
DEC 2 1885
BALTIMORE, MD.

City Printers and Stationers.

83338

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, DEC 2 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

Sex, (state whether male or female) Female

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* Nov. 12, 1885

4. *Place of Birth, (Street and Number)* Maternité, 161, W. Lombard St.

5. *Full Name of Mother,* Hattie Smith

6. *Mother's Maiden Name,* Do

7. *Mother's Birthplace,* Md

8. *Full Name of Father,* —

9. *Father's Occupation,* —

10. *Father's Birthplace,* —

Name of Medical Attendant, or other Person who makes this Return. William S. Gardner M.D.

Address, Maternité

Remarks,

for each offence to be recovered as other fines and forfeitures are recoverable.

City Printers and Stationers.

RETURN OF A BIRTH

83339

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
DEC 2 1885
BALTIMORE, MD

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Nov. 12, 1885

4. Place of Birth, (Street and Number) Maternité, 164 W. Lombard St.

5. Full Name of Mother, Maggie Reed

6. Mother's Maiden Name, Do

7. Mother's Birthplace, Md

8. Full Name of Father, ~~~

9. Father's Occupation, ~~~

Father's Birthplace, ~~~

Name of Medical Attendant, or other Person who makes this Return. William H. Gardner M.D.

Address,

Remarks,

for each offence to be recovered as other fines and forfeitures are recoverable.

., City Printers and Stationers.

RETURN OF A BIRTH

83340

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Florence Catherine Knell

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3th

1. Sex, (state whether male or female) Fem

2. Race or Color, (if not of the white race) Wh

3. Date of Birth, Nov 12/85

4. Place of Birth, (Street and Number) 90 S. Gilmore

5. Full Name of Mother, Mary J. Knell

6. Mother's Maiden Name, Mary J Ronan

7. Mother's Birthplace, Baltimore city

8. Full Name of Father, Andrew Knell Jr

9. Father's Occupation, Carpenter

10. Father's Birthplace, Baltimore city

Name of Medical Attendant, or other Person who makes this Return. E Dunax

Address, No 827 Lombard St

Remarks, 1-3-1955 Dfg

HEALTH DEPARTMENT, DEC 7 1885 BALTIMORE, MD.

City Printers and Stationers.

RETURN OF A BIRTH.

8341

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Second (2nd)

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth Thirteen th December 1885

4. Place of Birth, (Street and Number) #56 Ridgley

5. Full Name of Mother, Mary Elisabeth Heckwolf

6. Mother's Maiden Name, Mary Elizabeth Luidig

7. Mother's Birthplace, Baltimore Maryland

8. Full Name of Father, Geo. Fridrick Heckwolf

9. Father's Occupation, Iron Moulder

10. Father's Birthplace, Münster Hess. Darmstadt, Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs Munch

Address, 401 Leadenhall St

Remarks,

HEALTH DEPARTMENT DEC 2 1885 BALTIMORE MD

...o., City Printers and Stationers.

RETURN OF A BIRTH.

83342

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth Nov 13 1885

4. Place of Birth, (Street and Number) 324 Canton

5. Full Name of Mother, A. M. Remlein

6. Mother's Maiden Name, Salzig

7. Mother's Birthplace, Baltimore

8. Full Name of Father, John Remlein

9. Father's Occupation, Processor

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mary Stein

Address, 151 E Pratt.

Remarks,

HEALTH DEPARTMENT
DEC 2 1885
BALTIMORE, MD.

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

y & Co., City Printers and Stationers.

83343

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Nov the 13th
4. *Place of Birth, (Street and Number)* McHenry st No 278
5. *Full Name of Mother,* Anny M Fredrick
6. *Mother's Maiden Name,* Anny M Dowlen
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Harry J Fredrick
9. *Father's Occupation,* Molder
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Miss S Kelley

Address, No 797 Pratt st

Remarks,

HEALTH DEPARTMENT DEC 2 1885 BALTIMORE, MD.

City Printers and Stationers.

RETURN OF A BIRTH

83344

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, DEC 8 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth, November 13/85

4. Place of Birth, (Street and Number) No 18 Bond St.

5. Full Name of Mother, Lisbeth Groscup

6. Mother's Maiden Name, Schmidt

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Charles Groscup

9. Father's Occupation, Laborer

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs. Louise Kraft.

Address, 142 S. Washington St.

Remarks,

City Printers and Stationers.

RETURN OF A BIRTH

83345

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth, Nov 13th 1885

4. Place of Birth, (Street and Number) 316 Dallas St

5. Full Name of Mother, Augusta Nislein

6. Mother's Maiden Name, " Streib

7. Mother's Birthplace, Baltimore City

8. Full Name of Father, George Nislein

9. Father's Occupation, Dredger

10. Father's Birthplace, Baltimore City.

Name of Medical Attendant, or other Person who makes this Return. Mrs Elizabeth Belz

Address, 120 Bank St.

Remarks,

HEALTH DEPARTMENT
DEC 2 1885
BALTIMORE, MD.

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

Co., City Printers and Stationers.

RETURN OF A BIRTH.

83346

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, DEC 2 1885 BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether ~~male~~ or female)

2. Race or Color, (if not of the white race)

3. Date of Birth 14 November 1885

4. Place of Birth, (Street and Number) 23 Deadenhall St.

5. Full Name of Mother, Lizzy Sanders

6. Mother's Maiden Name, Copps

7. Mother's Birthplace, Germany

8. Full Name of Father, Herman Sanders

9. Father's Occupation, Cigars

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return.

Address, Mrs Münche Deadenhall St

Remarks, No. 4

...o., City Printers and Stationers.

RETURN OF A BIRTH.

83347

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Born the 14th day of Nov. 1885.

Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth ¾ past two

4. Place of Birth, (Street and Number) Balto. Hill Street No 68.

5. Full Name of Mother, Lena Cannon.

6. Mother's Maiden Name, Lena Schardt.

7. Mother's Birthplace, Richmond Va.

8. Full Name of Father, Herbert Paxton Cannon

9. Father's Occupation, Captain of a steamer.

10. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other Person who makes this Return. Mrs Munch

Address, No 1 Leadenhall St

Remarks,

HEALTH DEPARTMENT DEC 2 1885 BALTIMORE MD

o. City Printers and Stationers.

RETURN OF A BIRTH

83348

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
DEC 2 1885
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Nov. 14, 1885

4. Place of Birth, (Street and Number) Maternité 161 W Lombard St.

5. Full Name of Mother, Annie Miller

6. Mother's Maiden Name, Do

7. Mother's Birthplace, ~~Maternité~~ Germany

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return. William S Gardner M.D.

Address, Maternité

Remarks,

, City Printers and Stationers.

83349

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Nov the 14 1885

4. Place of Birth, (Street and Number) Fredrich Ave No 42

5. Full Name of Mother, Marey A Simmler

6. Mother's Maiden Name, Mary A Frichn

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Henry Simmler

9. Father's Occupation, Sadler

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs S Kelley

Address, No 797 Pratt St

Remarks,

HEALTH DEPARTMENT DEC 1885 BALTIMORE, MD.

City Printers and Stationers.

83350

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1

Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth Nov 14 - 18[illegible]

4. Place of Birth, (Street and Number) 20 Jakson St.

5. Full Name of Mother, Laura H. ~~Wright~~ Norwood

6. Mother's Maiden Name, Wright

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Thomas F. Norwood

9. Father's Occupation, Can Maker

Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mary Klein

Address, 151 E. Pratt St.

Remarks,

HEALTH DEPARTMENT
DEC 2 1885
BALTIMORE, MD

for each offence to be recovered as other fines and forfeitures are recoverable.

Co., City Printers and Stationers.

RETURN OF A BIRTH.

83351

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) white

3. Date of Birth Nov. 15th 1885

4. Place of Birth, (Street and Number) 251 Aliceann st.

5. Full Name of Mother, Caroline Schayer

6. Mother's Maiden Name,

7. Mother's Birthplace, Cincinnati O.

8. Full Name of Father, Philip Schayer

9. Father's Occupation, Merchant

10. Father's Birthplace, Europe

Name of Medical Attendant, or other Person who makes this Return. Herr C. Bernstein

Address, 49 S. Exeter st.

Remarks,

HEALTH DEPARTMENT
DEC 10 1885
BALTIMORE MD

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RETURN OF A BIRTH.

83352

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Fifth

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth November 1885

4. Place of Birth, (Street and Number) # 309 E Monument St

5. Full Name of Mother, Margt German

6. Mother's Maiden Name, Margt Poisal

7. Mother's Birthplace, Virginia

8. Full Name of Father, John W. German

9. Father's Occupation, Pharmacist

10. Father's Birthplace, Balto County

Name of Medical Attendant, or other Person who makes this Return. Saml F. Powell M.D.

Address, # 29 Aisquith Street

Remarks,

HEALTH DEPARTMENT, DEC 7 1885 BALTIMORE MD.

Dec 1885

...o., City Printers and Stationers.

83353

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, DEC 2 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th

Sex, (state whether male or female) Female

2. *Race or Color, (if not of the white race)* Colored

3. *Date of Birth,* Nov 15 1885

4. *Place of Birth, (Street and Number)* 330 Vine St

5. *Full Name of Mother,* Sallie Moore

6. *Mother's Maiden Name,* Sallie Johnson

7. *Mother's Birthplace,* Va

8. *Full Name of Father,* Daniel Moore

9. *Father's Occupation,* Waiter

10. *Father's Birthplace,* Snow Hill Md

Name of Medical Attendant, or other Person who makes this Return. Jane Woodland

Address, 16 Bonner St

Remarks,

, City Printers and Stationers.

RETURN OF A BIRTH

83354

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Nov 15th 1899

4. Place of Birth, (Street and Number) 367 Stricker St

5. Full Name of Mother, Mollie Boston

6. Mother's Maiden Name, Mollie Coats

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Harry Boston

9. Father's Occupation, Upholsterer

10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other Person who makes this Return. Mrs C Mussenden

Address, 378 Pennsylvania Ave

Remarks,

HEALTH DEPARTMENT
DEC 2 1899
BALTIMORE

, City Printers and Stationers.

RETURN OF A BIRTH

8335

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Nov. 15, 1885

4. Place of Birth, (Street and Number) Maternite, 161 W Lombard St.

5. Full Name of Mother, Margaret Miller

6. Mother's Maiden Name, Do

7. Mother's Birthplace, Pa

8. Full Name of Father, —

9. Father's Occupation, —

10. Father's Birthplace, —

Name of Medical Attendant, or other Person who makes this Return. William S. Gardner M.D.

Address, Maternite

Remarks,

HEALTH DEPARTMENT
DEC 2 1885
BALTIMORE, MD

, City Printers and Stationers.

RETURN OF A BIRTH

8335

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
DEC 2 1895
BALTIMORE, MD

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Nov. 15, 1895

4. Place of Birth, (Street and Number) Maternite, 161 W Lombard St.

5. Full Name of Mother, Annie Smith

6. Mother's Maiden Name, Do

7. Mother's Birthplace, Md

8. Full Name of Father, —

9. Father's Occupation, —

10. Father's Birthplace, —

Name of Medical Attendant, or other Person who makes this Return, W S Gardner M.D.

Address, Maternite

Remarks,

Report as Birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH

83357

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
DEC 2 1895
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Nov. 15, 1895

4. Place of Birth, (Street and Number) Maternite, 161 W Lombard St.

5. Full Name of Mother, Mary Chaplain

6. Mother's Maiden Name, Do

7. Mother's Birthplace, Bermuda

8. Full Name of Father, —

9. Father's Occupation, —

10. Father's Birthplace, —

Name of Medical Attendant, or other Person who makes this Return. William S. Garner M.D.

Address, Maternite

Remarks,

., City Printers and Stationers.

NOTICE

The succeeding document was received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

83358

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, DEC 1 1885 BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3 chd

1. *Sex, (state whether ~~male~~ or female)*
2. *Race or Color, (if not of the white race)* id
3. *Date of Birth* November 16/85
4. *Place of Birth, (Street and Number)* 19 McEldery's whf
5. *Full Name of Mother,* Clara Imhoff
6. *Mother's Maiden Name,* Clara Edlinger
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Robt Imhoff
9. *Father's Occupation,* Machinist
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return. J H Hatten M D

Address, 23 Franklin

Remarks,

Co., City Printers and Stationers.

RETURN OF A BIRTH. 83359

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race)
3. Date of Birth 16 November
4. Place of Birth, (Street and Number) 75 Jefferson St
5. Full Name of Mother, Emma " Lawrence
6. Mother's Maiden Name, Sherman
7. Mother's Birthplace, Balt. Md.
8. Full Name of Father, Peter Lawrence
9. Father's Occupation, Barkeeper
10. Father's Birthplace, Balt. Md.

Name of Medical Attendant, or other Person who makes this Return. Mrs Rosa Ullrig

Address, 44 Holland St

Remarks, Balt.

HEALTH DEPARTMENT DEC 7 BALTIMORE MD

Co., City Printers and Stationers.

RETURN OF A BIRTH.

8336

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 10th 85

1. Sex, (state whether male or female) ~~White~~ Female

2. Race or Color, (if not of the white race) White

3. Date of Birth Nov. 17th 85

4. Place of Birth, (Street and Number) # 35 Stockholm St.

5. Full Name of Mother, Mary Wright

6. Mother's Maiden Name, Waters.

7. Mother's Birthplace, Balto. Co.

8. Full Name of Father, Owen Wright

9. Father's Occupation, Miller

10. Father's Birthplace, Howard Co.

Name of Medical Attendant, or other Person who makes this Return. Mary Krook

Address, # 328 S. Eutaw St.

Remarks,

HEALTH DEPARTMENT, DEC 2 1885 BALTIMORE MD.

...o., City Printers and Stationers.

83361

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* Nov 18th 1882
4. *Place of Birth, (Street and Number)* No 9 Watsoal
5. *Full Name of Mother,* Mary Suter
6. *Mother's Maiden Name,* Mary Beck
7. *Mother's Birthplace,* Balto md
8. *Full Name of Father,* Rufus Suter
9. *Father's Occupation,* Butcher
10. *Father's Birthplace,* Balto md

Name of Medical Attendant, or other Person who makes this Return. Mrs A Meslinger

Address, 398 Penn av

Remarks,

HEALTH DEPARTMENT DEC 2 1885 BALTIMORE MD

City Printers and Stationers.

RETURN OF A BIRTH

8336

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
DEC 2 1885
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) W Lit

3. Date of Birth, Nov. 16, 1885

4. Place of Birth, (Street and Number) Maternité, 16 N. Lombard St.

5. Full Name of Mother, Rachel Mason

6. Mother's Maiden Name, Do

7. Mother's Birthplace, Md

8. Full Name of Father, ~~~

9. Father's Occupation, ~~~

10. Father's Birthplace, ~~~

Name of Medical Attendant, or other Person who makes this Return. William S. Gardner M.D.

Address, Maternité

Remarks,

., City Printers and Stationers.

GIVEN NAME ADDED 4-6-49

83363

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Susan D. Griffin

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Eighth

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth November 18, 1883

4. Place of Birth, (Street and Number) 453 E Eager St

5. Full Name of Mother, Susan Griffin

6. Mother's Maiden Name, Lill

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Chas. Griffin

9. Father's Occupation, Plasterer

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mary A Allwell

Address, 286 McDonogh st

Remarks,

HEALTH DEPARTMENT DEC 2 1883 BALTIMORE, MD

Co., City Printers and Stationers.

83364

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) white

3. Date of Birth Nov. 18th 1885

4. Place of Birth, (Street and Number) Cor Sharp & Pratt sts.

5. Full Name of Mother, Fannie Hotkins

6. Mother's Maiden Name,

7. Mother's Birthplace, Rufsia

8. Full Name of Father, Michael Hotkins

9. Father's Occupation, Pedler

10. Father's Birthplace, Rufsia

Name of Medical Attendant, or other Person who makes this Return. Mrs. C. Bernstein

Address, 49 S. Exeter st.

Remarks,

HEALTH DEPARTMENT
DEC 10 1885
BALTIMORE MD

for each offence to be recovered as other fines and forfeitures are recoverable.

& Co., City Printers and Stationers.

83365

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
DEC 2 1885
BALTIMORE, MD

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth Nov 14 1885

4. Place of Birth, (Street and Number) 143 S. Chapel St.

5. Full Name of Mother, Mary L. W. Hastler

6. Mother's Maiden Name, Jones

7. Mother's Birthplace, Baltimore

8. Full Name of Father, William Hastler

9. Father's Occupation, Laborer

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mary Shire

Address, 197 E Fall St.

Remarks,

Co., City Printers and Stationers.

83366

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th

Sex, (state whether male or female) Male

2. *Race or Color, (if not of the white race)* white

3. *Date of Birth,* Nov 19 185

4. *Place of Birth, (Street and Number)* 529 Fremont St

5. *Full Name of Mother,* Alice High

6. *Mother's Maiden Name,* Alice Button

7. *Mother's Birthplace,* Virginia

8. *Full Name of Father,* Alfred High

9. *Father's Occupation,* ~~Alf~~ Painter

Father's Birthplace, Mrs A Mesenzehl

Name of Medical Attendant, or other Person who makes this Return. 398 Pennsylvania

Address,

Remarks,

HEALTH DEPARTMENT DEC 2 1885 BALTIMORE, MD

for each offence to be recovered as other fines and forfeitures are recoverable.

Co., City Printers and Stationers.

83 ~~36~~ 7

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, DEC 10 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)*
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 19 Nov 1885
4. *Place of Birth, (Street and Number)* 97 N. Wolf St.
5. *Full Name of Mother,* Mrs Mary Andrews
6. *Mother's Maiden Name,* Mary Hessler
7. *Mother's Birthplace,* Balt.
8. *Full Name of Father,* George Andrews
9. *Father's Occupation,* Carpenter
10. *Father's Birthplace,* Balto.

Name of Medical Attendant, or other Person who makes this Return. B. F. Leonard M.D.

Address, 3.4 E. Balt. St.

Remarks, Forceps Case.

High Operation.

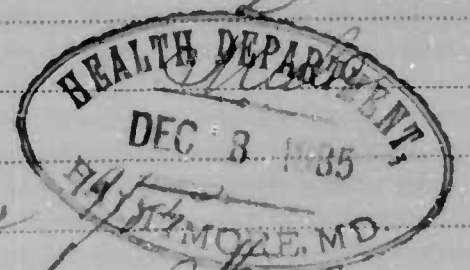
City Printers and Stationers.

83368

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, DEC 3 1885 BALTIMORE, MD.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth, November 1/85

4. Place of Birth, (Street and Number) 252 Canton Ave

5. Full Name of Mother, Mary Friese

6. Mother's Maiden Name, Knierichm

7. Mother's Birthplace, Baltimore

8. Full Name of Father, William Friese

9. Father's Occupation, Clerk

Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs. Louise Kraft

Address, 142 S. Washington St.

Remarks,

for each offence to be recovered as other fines and penalties are recovered.

, City Printers and Stationers.

RETURN OF A BIRTH.

8369

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
DEC 2 1895
BALTIMORE, MD.

No. of Child of Mother (state whether ~~1st~~, 2d, ~~3d~~, &c.)

Sex, (state whether ~~male~~ or female)

2. Race or Color, (if not of the white race)

3. Date of Birth November 20th

4. Place of Birth, (Street and Number) 187 S. Market St

5. Full Name of Mother, Ella. L. Furst

6. Mother's Maiden Name, Wilkins

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Charles. H. Furst

9. Father's Occupation, Gilder

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs Munch

Address, No 1 Leadenhall St

Remarks,

Co., City Printers and Stationers.

83370

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, DEC 1 1885 BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

Sex, (state whether male or female)

2. *Race or Color, (if not of the white race)* W

3. *Date of Birth* November 20 1885

4. *Place of Birth, (Street and Number)* 163 Canvella Avenue

5. *Full Name of Mother,* Rosina Isaefer

6. *Mother's Maiden Name,* Rosina Locher

7. *Mother's Birthplace,* Balt

8. *Full Name of Father,* Edward Schaeffer

9. *Father's Occupation,* Bookkeeper

10. *Father's Birthplace,* Balt

Name of Medical Attendant, or other Person who makes this Return. F H Patterson M D

Address, 23 Franklin

Remarks,

Co., City Printers and Stationers.

RETURN OF A BIRTH

83371

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
DEC 3 1935
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, November 20th 1935

4. Place of Birth, (Street and Number) 268 E. Pratt St.

5. Full Name of Mother, Lisleth Kenny

6. Mother's Maiden Name, Roth

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Joseph Kenny

9. Father's Occupation, Clerk

Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs. Louise Stabt.

Address, 142 S. Washington St.

Remarks,

For each offence to be answered as other fines and forfeitures are recoverable.

, City Printers and Stationers.

83372

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT, DEC 8 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	8
Sex, (state whether male or female)	Male
Race or Color, (if not of the white race)	White
Date of Birth,	Nov 21 1885
Place of Birth, (Street and Number)	121 Williams St
Full Name of Mother,	Martha Shoemaker
Mother's Maiden Name,	Martha Marshal
Mother's Birthplace,	Dorchester Co Md
Full Name of Father,	John Shoemaker
Father's Occupation,	Meat Merchant
Father's Birthplace,	Dorchester Co Md
Name of Medical Attendant, or other Person who makes this Return	[illegible]
Address,	[illegible]
Remarks,	

AND STATIONERS

RETURN OF A BIRTH

83373

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 6
2. *Sex, (state whether male or female)* Female
3. *Race or Color, (if not of the white race)*
4. *Date of Birth,* November 25 1885
5. *Place of Birth, (Street and Number)* No 18 Walnut
6. *Full Name of Mother,* Mary Herwig
7. *Mother's Maiden Name,* Rikert
8. *Mother's Birthplace,* Baltimore
9. *Full Name of Father,* Matthias Herwig
10. *Father's Occupation,* Laborer
11. *Father's Birthplace,* Baltimore
12. *Name of Medical Attendant,* or other Person who makes this Return. Mrs Louise Kraft
13. *Address,* 142 S. Washington St.
14. *Remarks,*

HEALTH DEPARTMENT, DEC 8 1885 BALTIMORE, MD.

City Printers and Stationers.

5

RETURN OF A BIRTH.

83374

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) the first

Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) Colard

3. Date of Birth 22th of november 1885

4. Place of Birth, (Street and Number) 133 Dolphin St

5. Full Name of Mother, Fannie Ellen Brown

6. Mother's Maiden Name, Chandler

7. Mother's Birthplace, Dunnsville essex County Va

8. Full Name of Father, George eward Brown

9. Father's Occupation, waiter

10. Father's Birthplace, Beltsville * printe george Co. Md

Name of Medical Attendant, or other Person who makes this Return. No Name Johnson

Address, 94 Tyson Street

Remarks,

HEALTH DEPARTMENT, DEC 8 1885 BALTIMORE MD

Co., City Printers and Stationers.

83375

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, DEC 2 1885 BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Fourth

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth November 22 1885
4. Place of Birth, (Street and Number) 10 Concord St
5. Full Name of Mother, Laura F. White
6. Mother's Maiden Name, Donaldson
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Geo. A White
9. Father's Occupation, Shoemaker
10. Father's Birthplace, Philadelphia Pa.

Name of Medical Attendant, or other Person who makes this Return. Mary A. Allwell

Address, 286 McDonogh st

Remarks,

for each offence to be recovered as other fines and forfeitures are recoverable.

& Co., City Printers and Stationers.

83376

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* Nov 22nd 85
4. *Place of Birth, (Street and Number)* 367 Mount St
5. *Full Name of Mother,* Alwina Folb
6. *Mother's Maiden Name,* Alwina Horn
7. *Mother's Birthplace,* Pennsylvania
8. *Full Name of Father,* Louis Folb
9. *Father's Occupation,* Cigar maker
10. *Father's Birthplace,* Balto Md

Name of Medical Attendant, or other Person who makes this Return. Mrs A Mesenzehl

Address, 398 Penna ave

Remarks,

HEALTH DEPARTMENT, DEC 2 1885 BALTIMORE MD.

for each offence to be recovered as other fines and forfeitures are recoverable.

o., City Printers and Stationers.

RETURN OF A BIRTH

83377

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
DEC 2 1885
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth, Nov. 22d 1885

4. Place of Birth, (Street and Number) No 8 S Ann st

5. Full Name of Mother, Maggie Melz

6. Mother's Maiden Name, Preller

7. Mother's Birthplace, City

8. Full Name of Father, Conrad Melz

9. Father's Occupation, Carpenter

10. Father's Birthplace, City

Name of Medical Attendant, or other Person who makes this Return. Mrs Elizabeth Melz

Address, 110 Bank st

Remarks,

for each offence to be recovered as other fines and forfeitures are recoverable.

, City Printers and Stationers.

83378

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
DEC 2 1885
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Color
3. *Date of Birth,* 22 Nov
4. *Place of Birth, (Street and Number)* No 1 Short St
5. *Full Name of Mother,* Margaret Horsey
6. *Mother's Maiden Name,* —
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* —
9. *Father's Occupation,* —
10. *Father's Birthplace,* —

Name of Medical Attendant, or other Person who makes this Return.

Address, Harriet Jackson

Remarks, 14 Douglast St

Printers and Stationers.

RETURN OF A BIRTH

83379

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
DEC 6 1885
BALTIMORE MD

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d "

Sex, (state whether male or female) Female.

2. Race or Color, (if not of the white race) —

3. Date of Birth, Nov. 23d 1885.

4. Place of Birth, (Street and Number) 279 George. St.

5. Full Name of Mother, Catherine E. Bounds.

6. Mother's Maiden Name, " " Newton.

7. Mother's Birthplace, Balto. City.

8. Full Name of Father, Wm E. Bounds.

9. Father's Occupation, Carpenter.

10. Father's Birthplace, A. Arundel. Co. Md.

Name of Medical Attendant, or other Person who makes this Return. R. J. N. Talbott M.D.

Address, 152 Sharp. St.

Remarks,

for each offence to be recovered as other fines and forfeitures are recoverable.

ty Printers and Stationers.

RETURN OF A BIRTH

83380

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) Color

3. Date of Birth, 22 Nov

4. Place of Birth, (Street and Number) 84 Scallon

5. Full Name of Mother, Matilda Polk

6. Mother's Maiden Name, " young

7. Mother's Birthplace, Balto

8. Full Name of Father, James Polk

9. Father's Occupation, Jobber

10. Father's Birthplace, Balto

Name of Medical Attendant, or other Person who makes this Return. Harris Jackson

Address, 64 Longwood

Remarks,

Printers and Stationers.

RETURN OF A BIRTH

83381

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st "

Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth, Nov. 24th 1883

4. Place of Birth, (Street and Number) 175 S. Paca St.

5. Full Name of Mother, Emma Zeller,

6. Mother's Maiden Name, " Eckhardt,

7. Mother's Birthplace, Balto. City,

8. Full Name of Father, Joseph F. Zeller,

9. Father's Occupation, Tailor,

10. Father's Birthplace, Balto. City,

Name of Medical Attendant, or other Person who makes this Return. R. J. N. Tall, M.D.

Address, 152 Sharp St.

Remarks,

HEALTH DEPARTMENT
DEC 6 1883
BALTIMORE, MD.

for each offence to be recovered as other fines and forfeitures are recoverable.

y Printers and Stationers.

RETURN OF A BIRTH

83382

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Nov 24th

4. Place of Birth, (Street and Number) 159 Townsend St

5. Full Name of Mother, Augusta Gilbert

6. Mother's Maiden Name, Augusta English

7. Mother's Birthplace, Balto Md

8. Full Name of Father, Wm Gilbert

9. Father's Occupation, Laborer

10. Father's Birthplace, Balto Md

Name of Medical Attendant, or other Person who makes this Return. Jno A Quesley M.D.

Address, 398 Penna Ave

Remarks,

HEALTH DEPARTMENT
DEC 2 1903
BALTIMORE, MD.

for each offence to be recovered as other fines and forfeitures are recoverable.

o., City Printers and Stationers.

RETURN OF A BIRTH.

83383

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
DEC 2 1885
BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2d

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth Nov 24th 1885

4. Place of Birth, (Street and Number) #67 S. Calhoun St

5. Full Name of Mother, Annie M. Schmalz

6. Mother's Maiden Name, Annie M. Spittel

7. Mother's Birthplace, Baltimore Md

8. Full Name of Father, Louis Schmalz

9. Father's Occupation, paper Box Cutter

10. Father's Birthplace, Cleveland Ohio

Name of Medical Attendant, or other Person who makes this Return. Susan Hunter

Address, 21 N. Poppleton St

Remarks,

Co., City Printers and Stationers.

RETURN OF A BIRTH

83382

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
DEC 2 1885
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth, November 24th 1885

4. Place of Birth, (Street and Number) 120 Bank st

5. Full Name of Mother, Katie Reinheimer

6. Mother's Maiden Name, " Miller

7. Mother's Birthplace, City

8. Full Name of Father, Fredrick Reinheimer

9. Father's Occupation, Cigar Maker

10. Father's Birthplace, City

Name of Medical Attendant, or other Person who makes this Return. Mrs Elizabeth Betz

Address, 120 Bank st.

Remarks,

for each offence to be recovered as other fines and forfeitures are recoverable.

, City Printers and Stationers.

RETURN OF A BIRTH

83385

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth, November 24th 1885

4. Place of Birth, (Street and Number) 166 S. Register st

5. Full Name of Mother, Elizabeth Sheeline

6. Mother's Maiden Name, " Ek

7. Mother's Birthplace, City

8. Full Name of Father, Fredrick Sheeline

9. Father's Occupation, Oyster shucker

10. Father's Birthplace, City

Name of Medical Attendant, or other Person who makes this Return. Mrs Elizabeth Belz

Address, 120 Bank st

Remarks,

HEALTH DEPARTMENT
DISTRICT
BALTIMORE

for each offence to be recovered as other fines and forfeitures are recoverable.

..., City Printers and Stationers

83386

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10 Child

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Jan 24th 1885
4. Place of Birth, (Street and Number) 111 Sex St
5. Full Name of Mother, Kathren Weber
6. Mother's Maiden Name,
7. Mother's Birthplace, Germany
8. Full Name of Father, Joseph Weber
9. Father's Occupation, Laborer
10. Father's Birthplace, Weitensburg

Name of Medical Attendant, or other Person who makes this Return. Mir Wiley

Address, No 12 Patterson Park av

Remarks,

HEALTH DEPARTMENT
DEC 2 1885
BALTIMORE, MD

City Printers and Stationers.

83387

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, DEC 8 1885 BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Nonber Children 13

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Color
3. Date of Birth November th 25
4. Place of Birth, (Street and Number) Baltimor Rose st No 17
5. Full Name of Mother, Lydia Ann Blake
6. Mother's Maiden Name, Wilson
7. Mother's Birthplace, Pikesvill Baltimor Count
8. Full Name of Father, Peter Blake
9. Father's Occupation, Water
10. Father's Birthplace, West Rive

Name of Medical Attendant, or other Person who makes this Return, Mrs Johnson

Address, 94 Tyson Street

Remarks,

Report as birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

...y & Co., City Printers and Stationers.

RETURN OF A BIRTH.

83388

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, DEC 8 1885 BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) Colored

3. Date of Birth Nov 25 1885

4. Place of Birth, (Street and Number) No 30 Morris Ally

5. Full Name of Mother, Anne Wayne

6. Mother's Maiden Name, Annie Mills

7. Mother's Birthplace, Baltimore City

8. Full Name of Father, Emmanuel Thomas Wayne

9. Father's Occupation, Hostler

10. Father's Birthplace, Stanton Virginia

Name of Medical Attendant, or other Person who makes this Return. Mrs Annie Thoon

Address, 9 N Tyson street

Remarks,

Co., City Printers and Stationers.

RETURN OF A BIRTH

13389

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Third
Sex, (state whether male or female)	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Nov. 25/85
4. *Place of Birth, (Street and Number)*	615 S. Charles St.
5. *Full Name of Mother,*	Georgianna
6. *Mother's Maiden Name,*	Turner
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Thomas Bayay
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	Maryland
Name of Medical Attendant, or other Person who makes this Return	Jno. Smith M.D.
Address,	287 S. Charles St
Remarks,	

HEALTH DEPARTMENT
DEC 2 1885
BALTIMORE MD

to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

INTERS AND STATIONERS.

RETURN OF A BIRTH.

83390

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
DEC 2 1885
BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 12 te

1. Sex, (state whether male or female) Mädchen
2. Race or Color, (if not of the white race) Weiße
3. Date of Birth 25 te November 1885
4. Place of Birth, (Street and Number) Elisbeth Elle No 5
5. Full Name of Mother, Caroline Schwarz
6. Mother's Maiden Name, Zoginaczinski
7. Mother's Birthplace, Germanien
8. Full Name of Father, Julius Schwarz
9. Father's Occupation, Work Mann
10. Father's Birthplace, Germanien

Name of Medical Attendant, or other Person who makes this Return.

Address, Elisbeth Elle No 5 Caroline Schwarz

Remarks,

for each offence to be recovered as other fines and forfeitures are recoverable.

& Co., City Printers and Stationers.

RETURN OF A BIRTH.

83391

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) W

3. Date of Birth Nov 25th 85

4. Place of Birth, (Street and Number) Clinton St 254 Canton

5. Full Name of Mother, Sena Christchenson

6. Mother's Maiden Name, Geist

7. Mother's Birthplace, Balt

8. Full Name of Father, Thomas Christchenson

9. Father's Occupation, Saloon Keeper

10. Father's Birthplace, Denmark

Name of Medical Attendant, or other Person who makes this Return. Mrs Goetz Ke

Address, 55 South Bond St

Remarks,

HEALTH DEPARTMENT
DEC 2 1885
BALTIMORE, MD

for each offence to be recovered as other fines and forfeitures are recoverable.

& Co., City Printers and Stationers.

83392

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd Child

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White Race

3. Date of Birth November 25th 1885

4. Place of Birth, (Street and Number) 36. Lemmon St.

5. Full Name of Mother, Eliza, Virginia, Gauz.

6. Mother's Maiden Name, Eliza, Virginia, Crockett.

7. Mother's Birthplace, Balto County.

8. Full Name of Father, John. Fredrick. Gauz.

9. Father's Occupation, Tinner

10. Father's Birthplace, Balto City.

Name of Medical Attendant, or other Person who makes this Return. Susan Hunter

Address, 21 No Poppleton St

Remarks,

HEALTH DEPARTMENT DEC 2 1885 BALTIMORE, MD.

...y & Co., City Printers and Stationers.

...or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

8339 3

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
DEC 2 1885
BALTIMORE, MD.

No. of Child of Mother, (state whether ~~1st, 2d,~~ 3d, &c.)

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White race
3. Date of Birth, Thursday November 26th 1885
4. Place of Birth, (Street and Number) No. 340 South Sharp St
5. Full Name of Mother, Margret Creamer
6. Mother's Maiden Name, Margret Scheckels
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Anthony Creamer
9. Father's Occupation, Laborman
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs Minke

Address,

Remarks,

for each offence to be recovered as other fines and forfeitures are recoverable.

, City Printers and Stationers.

RETURN OF A BIRTH

83394

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
DEC 7 1885
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th Child

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* November 26th 1885
4. *Place of Birth, (Street and Number)* No 1015 West Baltimore Street
5. *Full Name of Mother,* Elizabeth H. Miller
6. *Mother's Maiden Name,* Elizabeth Hannah Miller
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Jacob H. Miller
9. *Father's Occupation,* Grocer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. E Dunnox

Address, No 827 Lombard St

Remarks,

for each offence to be recovered as other fines and forfeitures are recoverable.

City Printers and Stationers.

RETURN OF A BIRTH

83395

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth, November 8th

4. Place of Birth, (Street and Number) 280 Alice Ann St.

5. Full Name of Mother, Dina Lasson

6. Mother's Maiden Name, Grum

7. Mother's Birthplace, Baltimore

8. Full Name of Father, John Lasson

9. Father's Occupation, Seeman

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs. Louise Kraft

Address, 142 S. Washington St.

Remarks,

HEALTH DEPARTMENT, DEC 3 1885 BALTIMORE, MD.

..., City Printers and Stationers.

83396

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT, DEC 8 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	
Sex, (state whether male or female)	Female
Race or Color, (if not of the white race)	White
Date of Birth,	Nov. 27. 1885
Place of Birth, (Street and Number)	44 Hughs St
Full Name of Mother,	Barbara Rappert
Mother's Maiden Name,	Barbara Wagner
Mother's Birthplace,	Baltimore
Full Name of Father,	Lewis F. Rappert
Father's Occupation,	Drug Clerk
Father's Birthplace,	Baltimore
Name of Medical Attendant, or other Person who makes this Return	H B Noble Mrs
Address,	50 Hanna av
Remarks,	

...RS AND STATIONERS

NOTICE

The succeeding document was received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

83397

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, DEC 10 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Sex, (state whether male or female)

2. *Race or Color, (if not of the white race)* Colored

3. *Date of Birth,* Nov 27, 1885

4. *Place of Birth, (Street and Number)* 65 Swan St.

5. *Full Name of Mother,* Mrs Julia Fatchell

6. *Mother's Maiden Name,* Julia Norris

7. *Mother's Birthplace,* Md.

8. *Full Name of Father,* Fanne Fatchell

9. *Father's Occupation,* Waiter

10. *Father's Birthplace,* Balto.

Name of Medical Attendant, or other Person who makes this Return. C. F. Leonard MD

Address, Fox E Balt St

Remarks, Shoulder Presentation

delivery Public Version

For each Licence to be recovered as other sums and forfeitures are recoverable.

City Printers and Stationers.

RETURN OF A BIRTH.

83398

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth Nov. 27th 1885
4. Place of Birth, (Street and Number) 98 Low st.
5. Full Name of Mother, Leah Jacob
6. Mother's Maiden Name,
7. Mother's Birthplace, Russia
8. Full Name of Father, Louis Jacob
9. Father's Occupation, Tailor
10. Father's Birthplace, Rusia

Name of Medical Attendant, or other Person who makes this Return Mrs. C. Bernstein

Address, 49 S. Exeter st.

Remarks,

HEALTH DEPARTMENT
DEC 10 1885
BALTIMORE MD.

for each offence to be recovered as other fines and forfeitures are recoverable.

Co., City Printers and Stationers.

RETURN OF A BIRTH.

83399

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, DEC 2 1885 BALTIMORE, MD

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) W

3. Date of Birth 27th of Nov. 1885

4. Place of Birth, (Street and Number) East Pratt St 146

5. Full Name of Mother, Elisabeth Köerner

6. Mother's Maiden Name, " Kross

7. Mother's Birthplace, England

8. Full Name of Father, John Koerner

9. Father's Occupation, Driver

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mr Goetz Ke

Address, 55 S. Bond St

Remarks,

for each offence to be recovered as other fines and forfeitures are recoverable.

Co., City Printers and Stationers.

RETURN OF A BIRTH.

$3400

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) W
3. Date of Birth Nov 27th 1885
4. Place of Birth, (Street and Number) Lloyd St 28
5. Full Name of Mother, Emma Bitters
6. Mother's Maiden Name, " Brickler
7. Mother's Birthplace, Balt.
8. Full Name of Father, Henry Brickler
9. Father's Occupation, Shoemaker
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs. Goetz Ke

Address, 55 S. Bond St

Remarks,

HEALTH DEPARTMENT
DEC 2 1885
BALTIMORE, MD.

Co., City Printers and Stationers.

83401

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, DEC 2 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Nov. 27, 1885
4. *Place of Birth, (Street and Number)* Maternite, 161, W. Lombard St
5. *Full Name of Mother,* Mrs Mable M. DeWolf
6. *Mother's Maiden Name,* Mable Monahan
7. *Mother's Birthplace,* Md.
8. *Full Name of Father,* Noah DeWolf
9. *Father's Occupation,* Cigar trade
10. *Father's Birthplace,* Washington D.C.

Name of Medical Attendant, or other Person who makes this Return. William S. Gardner M.D.

Address, Maternite

Remarks,

for each offence to be recovered as other fines and forfeitures are recoverable.

Co., City Printers and Stationers.

83402

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* November 27th 1883
4. *Place of Birth, (Street and Number)* No 62 Block ct.
5. *Full Name of Mother,* Dina Ellston
6. *Mother's Maiden Name,* " Kitzarotte
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Charles Ellston
9. *Father's Occupation,* Pedler
10. *Father's Birthplace,* City

Name of Medical Attendant, or other Person who makes this Return. Mrs Elizabeth Betz

Address, 120 Bank ct.

Remarks,

HEALTH DEPARTMENT DEC 23 1885 BALTIMORE, MD.

for each offence to be recovered as other fines and forfeitures are recoverable.

., City Printers and Stationers.

83403

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, DEC 2 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) first

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, Nov 28/85
4. Place of Birth, (Street and Number) 31 Vincent St
5. Full Name of Mother, Lizzie Boston
6. Mother's Maiden Name, Lizzie Boston
7. Mother's Birthplace, Balto Md
8. Full Name of Father, Capt Johnson
9. Father's Occupation, Laborer
10. Father's Birthplace, Md

Name of Medical Attendant, or other Person who makes this Return. Jane Moreland

Address, 16 Bruce St

Remarks,

City Printers and Stationers.

NOTICE

The succeeding document was received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

RETURN OF A BIRTH

832404

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
DEC 2 1885
BALTIMORE MD

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* 28th Nov 185
4. *Place of Birth, (Street and Number)* 161 Stricker St
5. *Full Name of Mother,* Annie Schaefer
6. *Mother's Maiden Name,* Annie Borsdorff
7. *Mother's Birthplace,* Balto md
8. *Full Name of Father,* Henry Schaefer
9. *Father's Occupation,* Car Driver
10. *Father's Birthplace,* Balto md

Name of Medical Attendant, or other Person who makes this Return. Jno A Wiesenfeld

Address, 398 Penna Ave

Remarks,

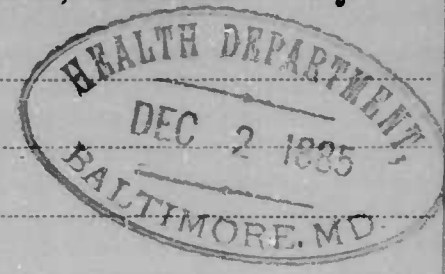
for each offence to be recovered as other fines and forfeitures are recoverable.

Co., City Printers and Stationers.

83405

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) W

3. Date of Birth 28th of November

4. Place of Birth, (Street and Number) Lombard St East 191

5. Full Name of Mother, Lizzy ~~Kraus~~ Bandle

6. Mother's Maiden Name, " Kraus

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Harry Bandle

9. Father's Occupation, Shoemaker

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs. Goetzke

Address, 533 S. Bond St.

Remarks,

for each offence to be recovered as other fines and forfeitures are recoverable.

Co., City Printers and Stationers.

RETURN OF A BIRTH.

83406

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Fourth

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth 1711 N Wolfe St

4. Place of Birth, (Street and Number) November 28. 1885

5. Full Name of Mother, Mary A London

6. Mother's Maiden Name, Gray

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Thomas W. H London

9. Father's Occupation, Cabinetmaker

10. Father's Birthplace, Maryland

Name of Medical Attendant, or other Person who makes this Return. Mary A Mudd

Address, 266 N Broadway

Remarks,

HEALTH DEPARTMENT DEC 2 1885 MD

for each offence to be recovered as other fines and forfeitures are recoverable.

& Co., City Printers and Stationers.

RETURN OF A BIRTH

83107

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, DEC 8 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth, November 28/85

4. Place of Birth, (Street and Number) 160 S. Spring St.

5. Full Name of Mother, Kate Jenkins

6. Mother's Maiden Name, Kief

7. Mother's Birthplace, Baltimore

8. Full Name of Father, John Jenkins

9. Father's Occupation, Laborer

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs Louise Kraft.

Address, 142. S. Washington St.

Remarks,

, City Printers and Stationers.

83408

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, DEC 7 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second Child

1. Sex, (state whether male or female) female girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, 28 d november
4. Place of Birth, (Street and Number) Cokrey st 51 lokes pot
5. Full Name of Mother, Maggie Reinis
6. Mother's Maiden Name, Maggie White
7. Mother's Birthplace, England
8. Full Name of Father, Marten Reines
9. Father's Occupation, Stevedore
10. Father's Birthplace, Memel Breusen

Name of Medical Attendant, or other Person who makes this Return Lizzie Schaffler

Address, Hull Street Locust Point

Remarks,

any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

INTERS AND STATIONERS.

83409

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, DEC 6 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. *Sex, (state whether male or female)* Male. [illegible] [illegible]
2. *Race or Color, (if not of the white race)* Colored [illegible] 1885
3. *Date of Birth,* [illegible] 28 1885
4. *Place of Birth, (Street and Number)* Burgundy [illegible] 11
5. *Full Name of Mother,* Mary Bell
6. *Mother's Maiden Name,* Mary Thomas
7. *Mother's Birthplace,* North [illegible] Co Va
8. *Full Name of Father,* William Bell
9. *Father's Occupation,* Labor
10. *Father's Birthplace,* Gibbsland Va Co

Name of Medical Attendant, or other Person who makes this Return [illegible] [illegible] [illegible]

Address, 259 [illegible] St

Remarks,

any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

PRINTERS AND STATIONERS.

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83410

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
DEC 9 1885
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Male —
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 29. November —
4. *Place of Birth, (Street and Number)* 219. Jefferson St
5. *Full Name of Mother,* Ella Lapourraille
6. *Mother's Maiden Name,* " Stanmen —
7. *Mother's Birthplace,* Balto —
8. *Full Name of Father,* " Alfred — Lapourraille
9. *Father's Occupation,* Clerk —
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other Person who makes this Return J. H. Gross M.D.

Address,

Remarks,

CO., CITY PRINTERS AND STATIONERS

13411

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, DEC 6 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

Sex, (state whether male or female) Male

2. *Race or Color, (if not of the white race)* Colored

3. *Date of Birth,* 29 November 1885

4. *Place of Birth, (Street and Number)* Hampshire St 25 E

5. *Full Name of Mother,* Mary L Smith

6. *Mother's Maiden Name,* Mary L Spencer

7. *Mother's Birthplace,* Baltimore Md

8. *Full Name of Father,* Gorst Smith

9. *Father's Occupation,* Sailor

Father's Birthplace, Crisfield Md

Name of Medical Attendant, or other Person who makes this Return Sarah Jane Wilson

Address, 252 Hughes St

Remarks,

Within the period above required, except in the cases of the births and deaths of negotiable children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

PRINTERS AND STATIONERS.

RETURN OF A BIRTH

83 412

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
DEC 6 1885
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
Sex, (state whether male or female)	Male
Race or Color, (if not of the white race)	White
Date of Birth,	November 29th, 1885 -
Place of Birth, (Street and Number)	333 Light St
Full Name of Mother,	E. R. Fannie Rowe
Mother's Maiden Name,	Abbott
Mother's Birthplace,	Cambridge, Md.
Full Name of Father,	Robert S. Rowe, M. D.
Father's Occupation,	Physician
Father's Birthplace,	Fredericksburg, Va.
Name of Medical Attendant, or other Person who makes this Return.	Robert S. Rowe, M. D.
Address,	333 Light St
Remarks,	

...TER & STATIONER, BALT.

RETURN OF A BIRTH

8341 13

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
DEC 6 1865
BALTIMORE, MD

No. Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Nov 29th 1865

4. Place of Birth, (Street and Number) 57 Byrd St

5. Full Name of Mother, Catherine McLaughlin

6. Mother's Maiden Name, " " Casey

7. Mother's Birthplace, Ireland

8. Full Name of Father, Louis McLaughlin

9. Father's Occupation, Cap Maker

10. Father's Birthplace, Ireland

Name of Medical Attendant, or other Person who makes this Return. Wheatley Carter M.D.

Address 146 Hanover St

Remarks,

for each offence to be recovered as other fines and forfeitures are recoverable.

, City Printers and Stat[illegible].

83414

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT, DEC 8 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd Child
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	white
3. Date of Birth	Nov. 29/85
4. Place of Birth (Street and Number)	161 Patterson Park av.
5. Full Name of Mother	Kate McKenzie
6. Mother's Maiden Name	Kate Learmichael
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Alexander McKenzie
9. Father's Occupation	Night watchman
Father's Birthplace	Scotland
Name of Medical Attendant, or other Person who makes this Return.	Rud. Mansfield M.D.
Address	50 S. Broadway
Remarks	

RETURN OF A BIRTH.

8345

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
DEC 2 1885
BALTIMORE MD

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd
1. Sex (state whether Male or Female)	male
2. Race or Color (if not of the white race)	White
3. Date of Birth	November 29. 1885.
4. Place of Birth (Street and Number)	447 Linden Avenue
5. Full Name of Mother	Mary Jane Cole
6. Mother's Maiden Name	" " Williams
7. Mother's Birthplace	Cincinatti Ohio
8. Full Name of Father	George B. Cole
9. Father's Occupation	Merchant
Father's Birthplace	Baltimore City
Name of Medical Attendant, or other Person who makes this Return.	Alfred Wandstale, no. D.
Address	228 N. Eutaw St.
Remarks	Balt. Md.

NOTICE

The succeeding documents were received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

RETURN OF A BIRTH

83416

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11 child

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Nov 29th 1885
4. Place of Birth, (Street and Number) No 6 Lamburdy
5. Full Name of Mother, Mary dorman
6. Mother's Maiden Name, Tuley
7. Mother's Birthplace, Baltimore
8. Full Name of Father, James dorman
9. Father's Occupation, Laborer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mc Tuley

Address, No 12 Patterson Park

Remarks,

HEALTH DEPARTMENT DEC 2 1885 BALTIMORE, MD

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the like penalty for each offence to be recovered as other fines and forfeitures are recoverable.

o., City Printers and Stationers.

RETURN OF A BIRTH

83417

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
DEC 7 1885
BALTIMORE, MD

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
Sex, (state whether male or female)	Female
Race or Color, (if not of the white race)	White
Date of Birth,	Nov 30 - 1885
Place of Birth, (Street and Number)	31 Bruce St.
Full Name of Mother,	Edith Stewart
Mother's Maiden Name,	Edith Kent
Mother's Birthplace,	Calvert Co. Maryland
Full Name of Father,	Geo. W. Stewart
Father's Occupation,	Carpenter
Father's Birthplace,	Maryland
Name of Medical Attendant, or other Person who makes this Return	J. W. Clark M. D.
Address,	287 N. Stricker St
Remarks,	

ERS AND STATIONERS

13418

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
DEC 6 1865
BALTIMORE, MD

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, 30 November

4. Place of Birth, (Street and Number) Montgomery St 2 ~ 9

5. Full Name of Mother, Ruby Hughes

6. Mother's Maiden Name, Ruby Thomas

7. Mother's Birthplace, Oxford MD

8. Full Name of Father, Asbus Hughes

9. Father's Occupation, Labor

Father's Birthplace, Baltimore MD

Name of Medical Attendant, or other Person who makes this Return Sarah Jane Wilson

Address, 152 Hughes St

Remarks,

any person or persons, who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

PRINTERS AND STATIONERS.

RETURN OF A BIRTH

83419

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Nov 30th 1865

4. Place of Birth, (Street and Number) 40 Warren Ave

5. Full Name of Mother, Ella Jones

6. Mother's Maiden Name, " Griffin

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Wm H Jones

9. Father's Occupation, Engineer

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. Theodore Cook M.D.

Address, 146 Warren Ave

Remarks,

HEALTH DEPARTMENT DEC 5 1865 BALTIMORE MD

for each offence to be recovered as other fines and forfeitures are recoverable.

o., City Printers and Stationers.

RETURN OF A BIRTH.

83420

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 7th

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth Nov. 30th 1885
4. Place of Birth, (Street and Number) 76½ Harrison st.
5. Full Name of Mother, Hannah Salinsky
6. Mother's Maiden Name,
7. Mother's Birthplace, Russia
8. Full Name of Father, Sol. Salinsky
9. Father's Occupation, Shoe-maker
10. Father's Birthplace, Russia

Name of Medical Attendant, or other Person who makes this Return: Mrs. C. Bernstein

Address, 49 S. Exeter st.

Remarks,

HEALTH DEPARTMENT
DEC 10 1885
BALTIMORE, MD

for each offence to be recovered as other fines and forfeitures are recoverable.

& Co., City Printers and Stationers.

NOTICE

The succeeding document was received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

83421

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
DEC 1 1885
BALTIMORE, MD.

No. of Child of Mother (state whether 1st, ~~2d~~, 3d, &c.)

1. *Sex, (state whether male or ~~female~~)*
2. *Race or Color, (if not of the white race)*
3. *Date of Birth* November 30 1885
4. *Place of Birth, (Street and Number)* 181 Park avenue
5. *Full Name of Mother,* Lucy Owen
6. *Mother's Maiden Name,* Lucy Boggs
7. *Mother's Birthplace,* Balt Md
8. *Full Name of Father,* John J Owen
9. *Father's Occupation,* Bank Pr
10. *Father's Birthplace,* Balt

Name of Medical Attendant, or other Person who makes this Return. J H Patterns M.D.

Address, 23 Franklin St

Remarks,

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the same or the [illegible] for each offence to be recovered as other fines and forfeitures are recoverable.

Printers and Stationers.

8422

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
DEC 2 1895
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd Child

Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, 30th Nov 1895

4. Place of Birth, (Street and Number) # 325 Harford Ave

5. Full Name of Mother, Elisabet Gessner

6. Mother's Maiden Name, Elisbeth Smith

7. Mother's Birthplace, Baltimore Md

8. Full Name of Father, Joseph Francis Gessner

9. Father's Occupation, Brush Maker

10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other Person who makes this Return Mrs Sarah Wardin

Address, 120 Greenmount Ave

Remarks,

within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

PRINTERS AND STATIONERS.

8342 (3

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
DEC 2 1895
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Nov. 30, 1895
4. *Place of Birth, (Street and Number)* Maternité, 161 W Lombard St.
5. *Full Name of Mother,* Mamie Yeakle
6. *Mother's Maiden Name,* Do.
7. *Mother's Birthplace,* Md
8. *Full Name of Father,* —
9. *Father's Occupation,* —
10. *Father's Birthplace,* —

Name of Medical Attendant, or other Person who makes this Return. William S. Garner MD.

Address, Maternité

Remarks,

or persons who shall hereafter fail to comply with the provisions of this Return, for each offence to be recovered as other fines and forfeitures are recoverable.

Co., City Printers and Stationers.

RETURN OF A BIRTH

83424

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
DEC 2 1885
BALTIMORE, MD

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Nov. 30. 1885

4. Place of Birth, (Street and Number) Maternite, 161 W Lombard St

5. Full Name of Mother, Mari Klobaucnik

6. Mother's Maiden Name, Do

7. Mother's Birthplace, Bohemia

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return. William J. Howard M.D.

Address, Maternite

Remarks,

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

Co., City Printers and Stationers.

RETURN OF A BIRTH

83425

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
DEC 2 1885
BALTIMORE MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Nov the 30 1885

4. Place of Birth, (Street and Number) Lemon st No 11

5. Full Name of Mother, Mary A Campfield

6. Mother's Maiden Name, Mary A Birk

7. Mother's Birthplace, ireland

8. Full Name of Father, Michel Campfield

9. Father's Occupation, Labour

10. Father's Birthplace, ireland

Name of Medical Attendant, or other Person who makes this Return. Mrs S Kelly

Address, No 197 Druid st

Remarks,

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

o., City Printers and Stationers.

83426

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 Child

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 30 of November 1885
4. Place of Birth, (Street and Number) 418 East Lombard st
5. Full Name of Mother, Alice O Woolford
6. Mother's Maiden Name, Alice O Gough
7. Mother's Birthplace, Baltimore country
8. Full Name of Father, Benjamin Woolford
9. Father's Occupation, Wood and Coal Dealer
10. Father's Birthplace, Dorchester County

Name of Medical Attendant, or other Person who makes this Return. Mrs Wiley

Address, No 12 Patterson Park av

Remarks,

HEALTH DEPARTMENT DEC 1885 BALTIMORE MD

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

Co., City Printers and Stationers.

RETURN OF A BIRTH

8342

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
DEC 2 1885
BALTIMORE MD

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth, November 30th 1885

4. Place of Birth, (Street and Number) 268 S. Eden st

5. Full Name of Mother, Elizabetha Lohrman

6. Mother's Maiden Name, " Lauenfelser

7. Mother's Birthplace, Germany

8. Full Name of Father, Adam Lohrman

9. Father's Occupation, Driver

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs Elizabeth Betz

Address, 126 Bank st

Remarks,

of persons who shall hereafter fail to comply with the provisions of this Section, and for each offence to be recovered as other fines and forfeitures are recoverable.

o., City Printers and Stationers.

83428

RETURN OF A BIRTH

CERTIFICATE CORRECTED 6-24-53

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Isidor Levy

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5 Child

Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth, Nov 20 — 1885

4. Place of Birth, (Street and Number) 178 Cross st.

5. Full Name of Mother, Clara (Levie) Levy

6. Mother's Maiden Name, Ring.

7. Mother's Birthplace, Germany

8. Full Name of Father, Robert (Robie) Levy

9. Father's Occupation, Store keeper

Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return, J Lohwasser. Midwife

Address, 330 Hanover st

Remarks,

HEALTH DEPARTMENT DEC 9 1885 BALTIMORE

for each offense to be recovered as other fines and forfeitures are recoverable.

83429.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, DEC 7 1885 BALTIMORE, MD

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth, 2 the October 1885
4. Place of Birth, (Street and Number) 179 Frederick Ave
5. Full Name of Mother, Fanny Neuberger
6. Mother's Maiden Name, " Stern
7. Mother's Birthplace, Germany
8. Full Name of Father, Moses Neuberger
9. Father's Occupation, Store Keeper
10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return. E Dumax

Address, No 827 Lombard St

Remarks,

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the [illegible] for each offence to be recovered as other fines and forfeitures are recoverable.

...o., City Printers and Stationers.

NOTICE

The succeeding documents were received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

83430

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, ~~2d, 3d,~~ &c.)

1. *Sex, (state whether male or ~~female~~)*
2. *Race or Color, (if not of the white race)* W
3. *Date of Birth* Feb 4 1885
4. *Place of Birth, (Street and Number)* N. Y. Hamilton
5. *Full Name of Mother,* Margaret Nestor
6. *Mother's Maiden Name,* Mary Horan
7. *Mother's Birthplace,* Ireland
8. *Full Name of Father,* John Nestor
9. *Father's Occupation,* Stockeeper
10. *Father's Birthplace,* Ireland

Name of Medical Attendant, or other Person who makes this Return. J H Patton M D

Address, 23 Franklin

Remarks,

HEALTH DEPARTMENT DEC 1 1885 BALTIMORE, MD.

or persons who shall hereafter fail to comply with the provisions of this section, shall be liable, for each offence to be recovered as other fines and forfeitures are recoverable.

& Co., City Printers and Stationers.

RETURN OF A BIRTH. 83431

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of Child, Leo Fleischer Steindler

No. of Child of Mother (state whether 1st, 2d, ~~3d~~, &c.)

1. Sex, (state whether ~~male or female~~) Male
2. Race or Color, (if not of the white race) W
3. Date of Birth Oct 17 1885
4. Place of Birth, (Street and Number) [illegible]
5. Full Name of Mother, Amelia (Sternfelder) Steindler
6. Mother's Maiden Name, Amelia (Ahern) Ahrens Ahrens
7. Mother's Birthplace, Germany
8. Full Name of Father, Charles (Sternfelder) Steindler
9. Father's Occupation, Storekeeper
10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return. J H Pattison M D

Address, 23 Franklin St

Remarks,

HEALTH DEPARTMENT DEC 1 1885 BALTIMORE, MD.

or persons who shall hereafter fail to comply with the provisions of this section, shall be copy, for each offence to be recovered as other fines and forfeitures are recoverable.

& Co., City Printers and Stationers.

RETURN OF A BIRTH

831 32

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
DEC 6 1885
BALTIMORE, MD.

1. *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1st
2. *Sex, (state whether male or female)* Male
3. *Race or Color, (if not of the white race)* White
4. *Date of Birth,* Oct. 23rd, 1885.
5. *Place of Birth, (Street and Number)* 112 West St.
6. *Full Name of Mother,* Alverda Ramgs
7. *Mother's Maiden Name,* Pancoast.
8. *Mother's Birthplace,* Ind.
9. *Full Name of Father,* Elijah L. Ramgs
10. *Father's Occupation,* Music Teacher
11. *Father's Birthplace,* Del.
12. *Name of Medical Attendant, or other Person who makes this Return.* Robert S. Rowe, M.D.
13. *Address,* 333 Light St.
14. *Remarks,*

INTER & STATIONER, BALT.

83433

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, ~~2d, 3d,~~ &c.)

1. *Sex, (state whether male or female)*
2. *Race or Color, (if not of the white race)* W
3. *Date of Birth* Oct 30 /85
4. *Place of Birth, (Street and Number)* 128 Hoffman Ct
5. *Full Name of Mother,* Alice Megrane
6. *Mother's Maiden Name,* Clarence Loney
7. *Mother's Birthplace,* Ireland
8. *Full Name of Father,* Julian Megrane
9. *Father's Occupation,* Conductor Car
10. *Father's Birthplace,* Ireland

Name of Medical Attendant, or other Person who makes this Return. J H Patterson M D

Address, 28 Franklin

Remarks,

HEALTH DEPARTMENT
DEC 1 1885
BALTIMORE, MD.

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine or fine and forfeiture for each offence to be recovered as other fines and forfeitures are recoverable.

y & Co., City Printers and Stationers.

83434

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
DEC 2 1885
BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth Oct 30 1885
4. Place of Birth, (Street and Number) 153 E. Balt St.
5. Full Name of Mother, Adelheid Sohn
6. Mother's Maiden Name, Greifus
7. Mother's Birthplace, New York
8. Full Name of Father, Joseph Sohn
9. Father's Occupation, Laborer
10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return. Mary Heine

Address, 161 E. Balt St.

Remarks,

A report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

oy & Co., City Printers and Stationers.

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83435

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
DEC 7 1885
BALTIMORE MD

No. of Child of Mother (state whether 1st, 2d, 3d, &c)	1
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	Oct 30. 85
4. Place of Birth (Street and Number)	12 Weber St.
5. Full Name of Mother	Mary Millingburger
6. Mother's Maiden Name	Mary Livingstone
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Thos. Millenburger
9. Father's Occupation	Mariner
Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Mrs Ann Nash
Address	
Remarks	

of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

83436

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
DEC 8 1885
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st. Child

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Oct. 30 - 1885.

4. Place of Birth, (Street and Number) 355 N. Durham St.

5. Full Name of Mother, Georgannah Giesebrecht.

6. Mother's Maiden Name, Brijand.

7. Mother's Birthplace, Pa.

8. Full Name of Father, Oscar E. Giesebrecht.

9. Father's Occupation, Stencil Cutter.

10. Father's Birthplace, Germany.

Name of Medical Attendant, or other Person who makes this Return. John M. White M.D.

Address, 347 N. Broadway.

Remarks,

Printers and Stationers.

NOTICE

The succeeding document was received in the same condition and microfilmed as shown.

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RETURN OF A BIRTH.

8343 7

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 8th ch

1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race) Col
3. Date of Birth Sept 8 1895
4. Place of Birth, (Street and Number) No 39 3rd Ave Balto Co
5. Full Name of Mother, Lizzie Wheelers
6. Mother's Maiden Name, Lizzie Hannes
7. Mother's Birthplace, Balto Co Md
8. Full Name of Father, Frank Wheelers
9. Father's Occupation, Bulk Keeper
10. Father's Birthplace, Balto Md

Name of Medical Attendant, or other Person who makes this Return. J H Patterson M D

Address, 23 Franklin

Remarks,

HEALTH DEPARTMENT
DEC 1 1895
BALTIMORE, MD.

report its birth to the Commissioners of Health within ten days after the same shall occur, and to comply with the provisions of this section, shall be subjected to the same penalty as other persons who shall knowingly fail

RETURN OF A BIRTH.

83438

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT,
DEC 18 1885
BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 9th

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* Negro
3. *Date of Birth* Oct. 25th 1885
4. *Place of Birth (Street and Number)* No. 6 Mason alley
5. *Full Name of Mother* Hannah Hicks
6. *Mother's Maiden Name* Hannah Benton
7. *Mother's Birthplace* Balto. City
8. *Full Name of Father* Garrett H. Hicks
9. *Father's Occupation* Waiter
10. *Father's Birthplace* Balto. Co.

Name of Medical Attendant, or other Person who makes this Return. F. B. Gardner

Address 120 N. Greene St.

Remarks

of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

83439

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, DEC 15 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether ~~1st, 2d~~, 3d, &c.)

1. *Sex, (state whether male or female)*
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Nov 4/85
4. *Place of Birth, (Street and Number)* 274 Columbia ave
5. *Full Name of Mother,* Annie Roetger
6. *Mother's Maiden Name,* " Hildebrat
7. *Mother's Birthplace,* Balto. Md
8. *Full Name of Father,* Wm J Roetger
9. *Father's Occupation,* Trunk Manfr.
10. *Father's Birthplace,* Balto. Md

Name of Medical Attendant, or other Person who makes this Return. [illegible]

Address, [illegible]

Remarks, 317 W Lombard St

Report [illegible] or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

83446

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
DEC 16 1885
BALTIMORE MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fifth Child
1. Sex, (state whether male or female) Female Color
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, July 14th 1885
4. Place of Birth, (Street and Number) 352 Etting Street
5. Full Name of Mother, Martha Jones
6. Mother's Maiden Name, Martha Fields
7. Mother's Birthplace, York town Virginia
8. Full Name of Father, Samuel Jones
9. Father's Occupation, Porter at Hole Sale Bacon Store
10. Father's Birthplace, Arundal County Maryland

Name of Medical Attendant, or other Person who makes this Return Benista Cook

Address, Rear Alley

Remarks,

...& CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

8 34441

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
DEC 3 1885
BALTIMORE MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2 d.

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth 3, of December
4. Place of Birth, (Street and Number) N° 6 Burkhardt Street
5. Full Name of Mother, Babeth Jäger
6. Mother's Maiden Name, Babeth Hübner
7. Mother's Birthplace, Kirch-Brombach Hessen Germany
8. Full Name of Father, Johann Jäger
9. Father's Occupation, Laborer
10. Father's Birthplace, Hilsa bei Cassel Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs Kathrine Seeback

Address, 433 N Paca Street

Remarks,

Be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

rphy & Co., City Printers and Stationers.

83443

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 8th.

1. Sex, (state whether male or female) female.
2. Race or Color, (if not of the white race) White.
3. Date of Birth November 5th.
4. Place of Birth, (Street and Number) 431 West Pratt street.
5. Full Name of Mother, Maria L. S. Menke.
6. Mother's Maiden Name, Maria L. S. Topf.
7. Mother's Birthplace, Lippe Detmold, Germany.
8. Full Name of Father, Fred. Wm Menke.
9. Father's Occupation, Printer.
10. Father's Birthplace, Baltimore, Md.

Name of Medical Attendant, or other Person who makes this Return. Mrs. Seeback, midwife

Address, 439 West Pratt strat

Remarks, Mother and child doing well.

HEALTH DEPARTMENT, DEC 3 1885, BALTIMORE, MD.

persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

y & Co., City Printers and Stationers.

RETURN OF A BIRTH

83443

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) Wh.

3. Date of Birth, Nov 6th 85

4. Place of Birth, (Street and Number) 157 Biddle St.

5. Full Name of Mother, Katie Wirts

6. Mother's Maiden Name, Katie Reif

7. Mother's Birthplace, Germany

8. Full Name of Father, Geoge Wirts

9. Father's Occupation, Painter

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. W. F. Lockwood

Address, Park Ave & Madison Pl.

Remarks,

HEALTH DEPARTMENT, DEC 31 1885, BALTIMORE, MD.

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

& Co., City Printers and Stationers.

RETURN OF A BIRTH

83444

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth, 6th Nov: 1885

4. Place of Birth, (Street and Number) Elyork st

5. Full Name of Mother, Honora Sweeny

6. Mother's Maiden Name, Gallagher

7. Mother's Birthplace, Iowa

8. Full Name of Father, Charles Sweeny

9. Father's Occupation, Clerk

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. H W Webster M D

Address, 101 Banner st

Remarks,

HEALTH DEPARTMENT
DEC 2 1885
BALTIMORE, MD.

report its birth to the Commissioner of Health, in the manner and within the prescribed time, and any physician or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

Co., City Printers and Stationers.

8344

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, DEC 4 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, November 6th
4. Place of Birth, (Street and Number) Dolphin Street No 215
5. Full Name of Mother, Maggie Yoe
6. Mother's Maiden Name, Maggie Bauer
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, Charles Lewis Yoe
9. Father's Occupation, Carpenter
10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other Person who makes this Return. Mrs Dumler

Address, 60 North Sweeder St,

Remarks,

report its birth to the Commissioner of Health, in the manner and within the period above required, and any [illegible] or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

Co., City Printers and Stationers.

RETURN OF A BIRTH

83446

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
DEC 11 1885
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	7 Nov. 1885
4. *Place of Birth, (Street and Number)*	12 S. Calhoun st
5. *Full Name of Mother,*	Isabelle Whalen
6. *Mother's Maiden Name,*	McClary
7. *Mother's Birthplace,*	Ellicott City
8. *Full Name of Father,*	Albert Whalen
9. *Father's Occupation,*	Finisher
10. *Father's Birthplace,*	Ellicott City
Name of Medical Attendant, or other Person who makes this Return	Edna Hood
Address,	594 N. Gay St
Remarks,	

INTERS AND STATIONERS

RETURN OF A BIRTH

83447

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
DEC 5 1885
BALTIMORE MD

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, November 7th 1885
4. Place of Birth, (Street and Number) 90 S. Paca St.
5. Full Name of Mother, Mary Winkelman
6. Mother's Maiden Name, Mary Messikan
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Wm. Winkelman
9. Father's Occupation, Bank Officer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return A. H. Esich M.D.

Address, 96 Park Ave

Remarks,

PRINTERS AND STATIONERS

83448

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
DEC 3 1885
BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* On the Eight of November
4. *Place of Birth, (Street and Number)* 30. Dewberry. Al
5. *Full Name of Mother,* Mrs. Anna E Crocket
6. *Mother's Maiden Name,* Mrs Anna E Smoops
7. *Mother's Birthplace,* Baltimore MD
8. *Full Name of Father,* Mr Danet H Crocket
9. *Father's Occupation,* Fish ~~Hukert~~ Huckert
10. *Father's Birthplace,* Baltimore MD

Name of Medical Attendant, or other Person who makes this Return. Mrs Catherine Seebach

Address, 439 W Pratt street

Remarks,

...e in attendance upon the mother, immediately thereafter, ... report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

...rphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

83449

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
DEC 4 1885
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth (4th)

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth, November 6th 1885

4. Place of Birth, (Street and Number) 452 Barre St

5. Full Name of Mother, Amalia Markmeister

6. Mother's Maiden Name, Bichy

7. Mother's Birthplace, Baltimore Maryland

8. Full Name of Father, Louis Markmeister

9. Father's Occupation, Book keeper

10. Father's Birthplace, Prussia Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs Annie Hunter

Address, 10 Little Schroeder St,

Remarks,

Report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

& Co., City Printers and Stationers.

83450

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5-th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth November 9th 1886.
4. Place of Birth, (Street and Number) 1327 Central Av.
5. Full Name of Mother, Kate Barnuth
6. Mother's Maiden Name, " Grossmann
7. Mother's Birthplace, Balto Md
8. Full Name of Father, Joseph Barnuth
9. Father's Occupation, Lederspinner
10. Father's Birthplace, Balto Md.

Name of Medical Attendant, or other Person who makes this Return. Mrs Dena Hillegust

Address, 1912 E Monument St.

Remarks,

HEALTH DEPARTMENT DEC BALTIMORE MD

...be in attendance upon the mother, immediately thereafter it shall become the duty of the ... report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

...urphy & Co., City Printers and Stationers.

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RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTM
DEC 18 1885
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 birth

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, 9 November
4. Place of Birth, (Street and Number) Mecellristr. No 50
5. Full Name of Mother, Anna Sandkuler
6. Mother's Maiden Name, " " Fischer
7. Mother's Birthplace, Baltimor
8. Full Name of Father, Franz Sandkuler
9. Father's Occupation,
10. Father's Birthplace, Osnabruk. Preussen. German

Name of Medical Attendant, or other Person who makes this Return.

Address, Mrs. Maurer

Remarks, Market Space No 15

Report its earth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

83452

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	November 29
4. *Place of Birth, (Street and Number)*	41 Pearl St
5. *Full Name of Mother,*	Katie J Hawley
6. *Mother's Maiden Name,*	Katie J Dumms
7. *Mother's Birthplace,*	Baltimore Md
8. *Full Name of Father,*	Francis V Hawley
9. *Father's Occupation,*	Theatrical Manager
10. *Father's Birthplace,*	Brooklyn New York
Name of Medical Attendant, or other Person who makes this Return.	Mrs Annie Dumler
Address,	60 North Schroeder St
Remarks,	

HEALTH DEPARTMENT
DEC 4 1865
BALTIMORE, MD.

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH.

83453

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
DEC 12 1885
BALTIMORE, MD

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth*	Nov. 11th
4. *Place of Birth, (Street and Number)*	Barnes A 32.
5. *Full Name of Mother,*	Caroline Komin
6. *Mother's Maiden Name,*	Medehar
7. *Mother's Birthplace,*	Bohemia
8. *Full Name of Father,*	Joseph Komin
9. *Father's Occupation,*	Butcher
10. *Father's Birthplace,*	Bohemia
Name of Medical Attendant, or other Person who makes this Return.	Josefine Konrad
Address,	20 Barnes st
Remarks,	

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

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83454

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, DEC 12 1885 BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) fourth

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* Nov 11th
4. *Place of Birth, (Street and Number)* Barnes St.
5. *Full Name of Mother,* Barbara Kucera
6. *Mother's Maiden Name,* " " Vodicka
7. *Mother's Birthplace,* Bohemia
8. *Full Name of Father,* Frank Kucera
9. *Father's Occupation,* Taylor
10. *Father's Birthplace,* Bohemia

Name of Medical Attendant, or other Person who makes this Return. Josephine Conrad

Address, 20 Barnes St

Remarks,

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH

8345

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4 birth
1. Sex, (state whether male or female)	female
2. Race or Color, (if not of the white race)	white
3. Date of Birth,	12 Nov 1885
4. Place of Birth, (Street and Number)	Pratt St. No 188
5. Full Name of Mother,	Mari Burns
6. Mother's Maiden Name,	" Flinn
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	John Burns
9. Father's Occupation,	
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	
Address,	Mrs. Maurer
Remarks,	Market & Spruce No 15

HEALTH DEPARTMENT
DEC 18 1885
BALTIMORE MD

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

83456

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

In accordance with the law, immediately hereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 birth

1. *Sex, (state whether male or female)* female

2. *Race or Color, (if not of the white race)* white

3. *Date of Birth,* Dec 12 1885

4. *Place of Birth, (Street and Number)* Gough str

5. *Full Name of Mother,* Franziska Bartel

6. *Mother's Maiden Name,* " " Weines

7. *Mother's Birthplace,* Baltimore

8. *Full Name of Father,* Heinrich Bartel

9. *Father's Occupation,*

10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Address, Mrs. Maines

Remarks, Market Space No 15

HEALTH DEPARTMENT, DEC 18 1885 BALTIMORE, MD.

RETURN OF A BIRTH.

8345

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 8th Child.

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth November 12

4. Place of Birth, (Street and Number) No 88 Wilhelm St.

5. Full Name of Mother, Emi Wise

6. Mother's Maiden Name, " " Zeiler

7. Mother's Birthplace, Grensedorf Baiern

8. Full Name of Father, George Wise

9. Father's Occupation, Laborer

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return. Annie Bidner

Address, No 45 S Monroe St

Remarks,

HEALTH DEPARTMENT
DEC 1 1885
BALTIMORE, MD.

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH.

83458

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 8th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth November 12th
4. Place of Birth, (Street and Number) 456 West Pratt St
5. Full Name of Mother, Emillia Augusta Friederich
6. Mother's Maiden Name, Emillia Augusta Bückholz
7. Mother's Birthplace, Germany
8. Full Name of Father, Chas G. Friederich
9. Father's Occupation, Shoemaker
10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs Seebach

Address, 439 West Pratt street

Remarks,

HEALTH DEPARTMENT
DEC 2 1885
BALTIMORE, MD.

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

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83459

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, DEC 3 1885 BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) first

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth* born on the 12th November 85
4. *Place of Birth, (Street and Number)* 27 S. Fremont str. Baltt.
5. *Full Name of Mother,* Annie Katherine Rauschmeier
6. *Mother's Maiden Name,* " " Degel
7. *Mother's Birthplace,* Geroldsgrun Bavaria Germany
8. *Full Name of Father,* Wm Rauschmeier
9. *Father's Occupation,* Decorator on Glass
10. *Father's Birthplace,* Munich Bavaria Germany
11. *Name of Medical Attendant,* or other Person who makes this Return. Mrs. Seebach

Address, 439 W. Pratt str.

Remarks,

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

y & Co., City Printers and Stationers.

RETURN OF A BIRTH.

83460

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

HEALTH DEPARTMENT
DEC 3 1885
BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) second

1. *Sex*, (state whether male or female) female
2. *Race or Color*, (if not of the white race) white
3. *Date of Birth* 12 November 1885
4. *Place of Birth*, (Street and Number) 435 W. Pratt Street
5. *Full Name of Mother*, Margaret Smith
6. *Mother's Maiden Name*, Margaret Frank
7. *Mother's Birthplace*, Baltimore
8. *Full Name of Father*, Henry Smith
9. *Father's Occupation*, Dry-master
10. *Father's Birthplace*, Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs. Fistach

Address, Pratt Street. 439

Remarks,

...y & Co., City Printers and Stationers.

13461

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, DEC 15 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Nov 13, 1885
4. *Place of Birth, (Street and Number)* 33 Christian St
5. *Full Name of Mother,* Magelina M Michel
6. *Mother's Maiden Name,* Magdelina Maurer
7. *Mother's Birthplace,* Balto Md
8. *Full Name of Father,* Henry Michel
9. *Father's Occupation,* Carpenter
10. *Father's Birthplace,* Balto Md

Name of Medical Attendant, or other Person who makes this Return James Bosley Md

Address, 319 Hollins St

Remarks,

Within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

PRINTERS AND STATIONERS.

RETURN OF A BIRTH

83462

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth, Nov. 13. 1885

4. Place of Birth, (Street and Number) Baltimore City 375 Hamburg St.

5. Full Name of Mother, Annie A. Driscoll

6. Mother's Maiden Name, Annie M. Gorman

7. Mother's Birthplace, Philadelphia, Pa

8. Full Name of Father, Dennis Driscoll

9. Father's Occupation, Shoe Maker

10. Father's Birthplace, Ireland

Name of Medical Attendant, or other Person who makes this Return. Mrs M. Shaffer

Address, 378

Remarks, No 37 Eastern ave St

HEALTH DEPARTMENT
DEC 4 1885
BALTIMORE MD.

Any person who shall neglect or fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

...o., City Printers and Stationers.

RETURN OF A BIRTH

8346

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 birth

1. *Sex, (state whether male or female)* female

2. *Race or Color, (if not of the white race)* white

3. *Date of Birth,* 14 November

4. *Place of Birth, (Street and Number)* Cotton avenue

5. *Full Name of Mother,* Kathi Kemp

6. *Mother's Maiden Name,* " " Bonak

7. *Mother's Birthplace,* Baltimor

8. *Full Name of Father,* John Kemp

9. *Father's Occupation,*

10. *Father's Birthplace,* Baltimor

Name of Medical Attendant, or other Person who makes this Return. Mrs. Shaner

Address,

Remarks, Market Space No 15

HEALTH DEPARTMENT
DEC 18 1885
BALTIMORE, MD.

RETURN OF A BIRTH.

83464

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
DEC 5 1885
BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4 the

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) White
3. Date of Birth 14 of Nov
4. Place of Birth, (Street and Number) 106 Hare St (Eastern)
5. Full Name of Mother, Louise Faber
6. Mother's Maiden Name, = =
7. Mother's Birthplace, East Prussia Germ
8. Full Name of Father, Ludwig Faber
9. Father's Occupation, Schumacker
10. Father's Birthplace, East Prussia Germ.
- Name of Medical Attendant, or other Person who makes this Return. Mrs G. Weiss.
- Address, 424 Lancaster St
- Remarks,

of persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable,

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83465

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
DEC 5 1885
BALTIMORE MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1 the

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) White

3. Date of Birth 14 Nov

4. Place of Birth, (Street and Number) 526 Canton Ave

5. Full Name of Mother, Wilhelmine Schrüfer

6. Mother's Maiden Name, = Hilker

7. Mother's Birthplace, Lehne Oldenburg Germ

8. Full Name of Father, John Schrüfer

9. Father's Occupation, Laboln

10. Father's Birthplace, Dankenfeld Bavaria

Name of Medical Attendant, or other Person who makes this Return. Mrs G. Weiss.

Address, 424 Lancaster St

Remarks,

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

& Co., City Printers and Stationers.

83466

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
DEC 3 1935
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) white

3. Date of Birth, Nov 14th 1935

4. Place of Birth, (Street and Number) 422 N Eden St

5. Full Name of Mother, Alice Marshall

6. Mother's Maiden Name, Paine

7. Mother's Birthplace, Virginia

8. Full Name of Father, Louis Marshall

9. Father's Occupation, Brick Layer

10. Father's Birthplace, Balto Md

Name of Medical Attendant, or other Person who makes this Return. M. O. Billingslea

Address, 228 E. Preston St

Remarks,

If any person shall neglect or refuse to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH

83467

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
DEC 18 1885
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3 6 th
1. Sex, (state whether male or female)	male
2. Race or Color, (if not of the white race)	white
3. Date of Birth,	15 November
4. Place of Birth, (Street and Number)	Philadelphia Road
5. Full Name of Mother,	Susana Fisher
6. Mother's Maiden Name,	" " Forster
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	Michael Fisher
9. Father's Occupation,	
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	
Address,	Wm. Bauser
Remarks,	Market Space No 15

83468

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4 22
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth*	Nov. 15 —
4. *Place of Birth, (Street and Number)*	51 N. Duncan Alley
5. *Full Name of Mother,*	Marie Kakacek
6. *Mother's Maiden Name,*	Peck
7. *Mother's Birthplace,*	Bohemia
8. *Full Name of Father,*	Joseph Kakacek
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	Bohemia
Name of Medical Attendant, or other Person who makes this Return.	Josephine Conrad
Address,	20 Barnes St
Remarks,	

HEALTH DEPARTMENT, DEC 12 1885 BALTIMORE, MD.

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH.

83469

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
DEC 4 1885
BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st Child
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	White race
3. Date of Birth	Born November 15
4. Place of Birth, (Street and Number)	in Baltimore 375 W Pratt St
5. Full Name of Mother,	Annie M. Widmer
6. Mother's Maiden Name,	Annie M. Heil
7. Mother's Birthplace,	in Baltimore
8. Full Name of Father,	John H. Widmer
9. Father's Occupation,	Upholster
10. Father's Birthplace,	in Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Annie Lindner
Address,	No 45 S Monroe St
Remarks,	

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83470

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth November 15th 1885

4. Place of Birth, (Street and Number) 411 W Pratt St

5. Full Name of Mother, Kate Wisenauer

6. Mother's Maiden Name, Kate Meyer

7. Mother's Birthplace, Baltimore City Md

8. Full Name of Father, John Wisenauer

9. Father's Occupation, Manfg Bottler

10. Father's Birthplace, Baltimore City Md

Name of Medical Attendant, or other Person who makes this Return. Mrs Catherine Ledack

Address, 432 W Pratt street

Remarks,

HEALTH DEPARTMENT
DEC 3 1885
BALTIMORE, MD.

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH.

83471

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
BALTIMORE MD

of Child of Mother (state whether 1st, 2d, 3d, &c)	1st
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	Nov 16
4. Place of Birth (Street and Number)	152 Battery ave
5. Full Name of Mother	Henrietta Collison
6. Mother's Maiden Name	" Warfield
7. Mother's Birthplace	Dorchester Co
8. Full Name of Father	E. P. Collison
9. Father's Occupation	Boiler Maker
10. Father's Birthplace	Balto Md
Name of Medical Attendant, or other Person who makes this Return.	Mrs Ann Nash
Address	
Remarks	

83472

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, DEC 17 1885 BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) female

Race or Color, (if not of the white race) White

3. Date of Birth Nov. 16.

4. Place of Birth, (Street and Number) 49 N. Duncan Alley

5. Full Name of Mother, Anna Vamastek

6. Mother's Maiden Name, a " Benes

7. Mother's Birthplace, Bohemia

8. Full Name of Father, Charles Vomastek

9. Father's Occupation, Taylor

10. Father's Birthplace, Bohemia

Name of Medical Attendant, or other Person who makes this Return, Josephine Conrad

Address, 20 Barnes A.

Remarks,

for each offence to be recovered as other fines and forfeitures are recoverable.

Co., City Printers and Stationers.

RETURN OF A BIRTH.

8347 3

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, DEC 5 1885 BALTIMORE MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5 the

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) White
3. Date of Birth 16 Nov
4. Place of Birth, (Street and Number) 6 O Donald Street
5. Full Name of Mother, Babara Eidelotth
6. Mother's Maiden Name, = Löffler
7. Mother's Birthplace, = Laam Bavaria
8. Full Name of Father, John Eidelotth
9. Father's Occupation, Labeln
10. Father's Birthplace, Bussik Bavaria

Name of Medical Attendant, or other Person who makes this Return. Mrs G. Weiss

Address, 424 Lancaster St.

Remarks,

Co., City Printers and Stationers.

RETURN OF A BIRTH.

83 4744

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
DEC 3 1885
BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth 16th November 1885.

4. Place of Birth, (Street and Number) 120 Raborg Street

5. Full Name of Mother, Louise Ekrenberger.

6. Mother's Maiden Name, Louisa Nag.

7. Mother's Birthplace, Germany

8. Full Name of Father, Joseph Ekrenberger.

9. Father's Occupation, Carpet Weaver

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return. Miss Catherine Seebode

Address, 1643 West Pratt Street.

Remarks,

for each offence to be recovered as other fines and forfeitures are recoverable.

Co., City Printers and Stationers.

83475

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
DEC 5 1885
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* Nov 17th 1885
4. *Place of Birth, (Street and Number)* 42 East St
5. *Full Name of Mother,* Clara Regina Wilson
6. *Mother's Maiden Name,* Clara Regina Meakins
7. *Mother's Birthplace,* Dorchester Co Md
8. *Full Name of Father,* William Henry Wilson
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Ann her x mark Campbell

Address, 9 Union St near Eden

Remarks,

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

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83476

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, DEC 28 1835 BALTIMORE MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* November 8th
4. *Place of Birth, (Street and Number)* No 831
5. *Full Name of Mother,* Caroline Martin
6. *Mother's Maiden Name,* Paulin Blum
7. *Mother's Birthplace,* Balt Co
8. *Full Name of Father,* Henri Martin
9. *Father's Occupation,* Printer
10. *Father's Birthplace,* Cleveland O M

Name of Medical Attendant, or other Person who makes this Return. E Dunn

Address, No 827 Lombard

Remarks,

[illegible] City Printers and Stationers.

RETURN OF A BIRTH.

83477

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
DEC 14 1885
BALTIMORE MD

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Adelaide Catherine Meyer 4th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth November 18th 1885
4. Place of Birth, (Street and Number) #243 Montgomery St.
5. Full Name of Mother, Annie Meyer
6. Mother's Maiden Name, Muller.
7. Mother's Birthplace, Balto. Md.
8. Full Name of Father, George Meyer.
9. Father's Occupation, Blacksmith.
10. Father's Birthplace, Balto. Md.

Name of Medical Attendant, or other Person who makes this Return Mrs. Lena Stillegest

Address, #188 E. Monument St.

Remarks, GIVEN NAME ADDED, 6-30-93 L.M.

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

hy & Co., City Printers and Stationers.

RETURN OF A BIRTH

83478

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

Sex, (state whether male or female) Male

Race or Color, (if not of the white race) White

Date of Birth, Nov 18th 1885

Place of Birth, (Street and Number) 496 N Gay St

Full Name of Mother Elizabeth Schmidt

Mother's Maiden Name, Elizabeth Schweigert

Mother's Birthplace, Baltimore Md

Full Name of Father, Charles A Schmidt

Father's Occupation, Salesman

Father's Birthplace Balt Md

Name of Medical Attendant, or other Person who makes this Return T Edward Kirby MD

Address, 82 Columbia Avenue

Remarks,

HEALTH DEPARTMENT
DEC 3 1885
BALTIMORE, MD.

S AND STATIONERS

Over

83479

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, DEC 19 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) ~~Male~~ White

2. Race or Color, (if not of the white race)

3. Date of Birth, Nov (20th) 1885

4. Place of Birth, (Street and Number) 87 Pont- Lane

5. Full Name of Mother, Margaret Cox

6. Mother's Maiden Name, Race

7. Mother's Birthplace, Balto Md.

8. Full Name of Father, D. S. Cox

9. Father's Occupation, clerk

10. Father's Birthplace, Balto Md

Name of Medical Attendant, or other Person who makes this Return. M. B. Billingslea

Address, 228 E. Preston st

Remarks, Full name of child - George William Cox

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

& Co., City Printers and Stationers.

RETURN OF A BIRTH. 83480

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name - Eugene M. Lloyd

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2d

HEALTH DEPARTMENT
DEC 18 1885
BALTIMORE, MD.

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) wht
3. Date of Birth Nov. 18. 1885.
4. Place of Birth, (Street and Number) 331 W. Lanvale
5. Full Name of Mother, Annie E. Lloyd
6. Mother's Maiden Name, " " Loane
7. Mother's Birthplace, Md
8. Full Name of Father, A Pardett Lloyd.
9. Father's Occupation, atty at law
10. Father's Birthplace, Md

Name of Medical Attendant, or other Person who makes this Return. G Lane Tanneyhill

Address, 219 Madison ave.

Remarks,

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

y & Co., City Printers and Stationers.

RETURN OF A BIRTH.

83481

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1 the

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) White

3. Date of Birth 14 Nov

4. Place of Birth, (Street and Number) Collington / Stevenson

5. Full Name of Mother, Babara Bitter

6. Mother's Maiden Name, = Kelner

7. Mother's Birthplace, Balt

8. Full Name of Father, Michael Bitter

9. Father's Occupation, Karpenter

10. Father's Birthplace, Balt

Name of Medical Attendant, or other Person who makes this Return. Mrs G. Weiss

Address, 424 Lancaster St

Remarks,

HEALTH DEPARTMENT, DEC 5 1885 BALTIMORE, MD.

for each omission to be recovered as other fines and forfeitures are recoverable.

Co., City Printers and Stationers.

83483

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
DEC 3 1895
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* Wh.

3. *Date of Birth,* Nov. 19th

4. *Place of Birth, (Street and Number)* S. E. Cor Pratt & Bethel Sts

5. *Full Name of Mother,* Remine Pedersen

6. *Mother's Maiden Name,* Pedersen

7. *Mother's Birthplace,* Norway

8. *Full Name of Father,* Conrad Roeder

9. *Father's Occupation,* Brass Finisher

10. *Father's Birthplace,* Baltimore City

Name of Medical Attendant, or other Person who makes this Return. E. B. Britton M.D.

Address, 51 S Broadway

Remarks,

RETURN OF A BIRTH

$3483

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
DEC 4 1885
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) third

1. S[redacted] (state whether male or female) female

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, twentyeth of november 1885

4. Place of Birth, (Street and Number) # 23 wayne street

5. Full Name of Mother, Harriet ann James

6. Mother's Maiden Name, Harriet ann Hill

7. Mother's Birthplace, Baltimore Md

8. Full Name of Father, John Henry James

9. Father's Occupation, Hod Carrier

10. Father's Birthplace, Harford County Md

[redacted] Name of Medical Attendant, or other Person who makes this Return Mary ann Primrose

Address, # 23 wayne street

Remarks, the mother and the Child are Both Doing very well

PRINTERS AND STATIONERS

83484

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, DEC 3 1885 BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) White
3. Date of Birth November 20th 1885
4. Place of Birth, (Street and Number) Stollons St 201
5. Full Name of Mother, ~~Carline Fox~~ Carline Amos
6. Mother's Maiden Name, Carline Fox
7. Mother's Birthplace, Balto City
8. Full Name of Father, John Amos
9. Father's Occupation, Corker
10. Father's Birthplace, Balto City

Name of Medical Attendant, or other Person who makes this Return. ~~Mrs Cabalth~~

Address, Mrs Catherine Seaback

Remarks, 439 W Pratt Street

Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

83185

HEALTH DEPARTMENT, DEC 2 1885 BALTIMORE, MD

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2d
1. *Sex, (state whether male or female)*	Male & Female.
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	November 20th 1885
4. *Place of Birth, (Street and Number)*	No 23 Harris alley (canton)
5. *Full Name of Mother,*	Eady R. Oliver
6. *Mother's Maiden Name,*	Eady R Wheat
7. *Mother's Birthplace,*	New York city,
8. *Full Name of Father,*	Frank Oliver
9. *Father's Occupation,*	Mariner
10. *Father's Birthplace,*	Born at sea
Name of Medical Attendant, or other Person who makes this Return.	Mrs Sarah Sullivan
Address,	104 Curley street
Remarks,	Children are doing well

birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for such offence to be recovered as other fines and forfeitures are recoverable.

hy & Co., City Printers and Stationers.

83486

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Nov 21, 1885

4. Place of Birth, (Street and Number) 31 S Monroe

5. Full Name of Mother, Anna E Conrad

6. Mother's Maiden Name, Anna E Mueller

7. Mother's Birthplace, Germany

8. Full Name of Father, Henry Conrad

9. Father's Occupation, Carpenter

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return James Buckley M.D.

Address, 319 Aisquith

Remarks,

HEALTH DEPARTMENT DEC 15 1885 BALTIMORE MD

When the parties above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

PRINTERS AND STATIONERS.

RETURN OF A BIRTH

83487

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5 Jude

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) white

3. Date of Birth, (Fawn) 28 November 1885

4. Place of Birth, (Street and Number) Fawn St 25

5. Full Name of Mother, Esther Lebe Freed

6. Mother's Maiden Name, " " Caplan

7. Mother's Birthplace, Russia

8. Full Name of Father, Bee Freed

9. Father's Occupation, Store keeper

10. Father's Birthplace, Russia

Name of Medical Attendant, or other Person who makes this Return. ~~Albemarle St~~

Address, Albemarle St n 26 E Lehirman

Remarks,

HEALTH DEPARTMENT, DEC 5 1885 BALTIMORE, MD.

...ty Printers and Stationers.

RETURN OF A BIRTH

13488

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Nov 22. 1885
4. *Place of Birth, (Street and Number)*	408 Lexington st
5. *Full Name of Mother,*	Sarah Stadelman
6. *Mother's Maiden Name,*	Sarah Deems
7. *Mother's Birthplace,*	Balto Md
8. *Full Name of Father,*	Valentine Stadelman
9. *Father's Occupation,*	Manufacturer
10. *Father's Birthplace,*	Balto Md [illegible]
Name of Medical Attendant, or other Person who makes this Return	James Bosley Md
Address,	39 Hollins st
Remarks,	

HEALTH DEPARTMENT, DEC 15 1885 BALTIMORE, MD.

Within the person above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

PRINTERS AND STATIONERS.

83489

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8 named Simon

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) white

3. Date of Birth, 22 November 1885

4. Place of Birth, (Street and Number) Little front st. N 22

5. Full Name of Mother, Mollie Schreiber

6. Mother's Maiden Name, " Stavitzky

7. Mother's Birthplace, Russia

8. Full Name of Father, Marks Schreiber

9. Father's Occupation, Shoe maker

10. Father's Birthplace, Russia

Name of Medical Attendant, or other Person who makes this Return. E Schirman

Address, Albemarle st. N 26

Remarks,

HEALTH DEPARTMENT, DEC 12 1885 BALTIMORE, MD.

ity Printers and Stationers.

83490

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
DEC 5 1885
BALTIMORE MD

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4 the

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth 22 Nov.

4. Place of Birth, (Street and Number) 28 Port Alley

5. Full Name of Mother, Anna Will

6. Mother's Maiden Name, = Engel

7. Mother's Birthplace, Balt

8. Full Name of Father, John Will.

9. Father's Occupation, Laborer

10. Father's Birthplace, Drottendorf (Bavaria)

Name of Medical Attendant, or other Person who makes this Return. Mrs G. Weiss.

Address, 424 Lancaster St

Remarks,

...o., City Printers and Stationers.

83491

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3 and 4 the (Twins)

1. *Sex*, (state whether male or female) female
2. *Race or Color*, (if not of the white race) White
3. *Date of Birth* 22 Nov
4. *Place of Birth*, (Street and Number) 19 Port Alley
5. *Full Name of Mother*, Anna Benschler
6. *Mother's Maiden Name*, = Grosmann
7. *Mother's Birthplace*, Würtenberg (Germ.)
8. *Full Name of Father*, Adam Benschler.
9. *Father's Occupation*, Karpenter
10. *Father's Birthplace*, Würtenberg

Name of Medical Attendant, or other Person who makes this Return. Mrs G. Weiss.

Address, 424 Lancaster St.

Remarks,

HEALTH DEPARTMENT
DEC 5 1865
BALTIMORE, MD

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

y & Co., City Printers and Stationers.

RETURN OF A BIRTH

83493

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 Mary

1. *Sex, (state whether male or female)* male ✓
2. *Race or Color, (if not of the white race)* white ✓
3. *Date of Birth,* 22 November ✓ 1885
4. *Place of Birth, (Street and Number)* e Lombard st. N. 82 ✓
5. *Full Name of Mother,* Berthie Gramm
6. *Mother's Maiden Name,* " Talpiese
7. *Mother's Birthplace,* Russia
8. *Full Name of Father,* Louis Gramm
9. *Father's Occupation,* Pedler
10. *Father's Birthplace,* Russia

Name of Medical Attendant, or other Person who makes this Return. E Schirman

Address, Albemarle st ✓ 26

Remarks,

HEALTH DEPARTMENT
DEC 5 1885
BALTIMORE, MD.

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

Co., City Printers and Stationers.

RETURN OF A BIRTH

8349 3

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third Frederic Luis

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, November 22 1885
4. Place of Birth, (Street and Number) Frederic Road No 25
5. Full Name of Mother, Anna Therese Kettler
6. Mother's Maiden Name, Therese Weber
7. Mother's Birthplace, Gladbach Regby. Coblens Germania
8. Full Name of Father, F Henri Kettler
9. Father's Occupation, Frescopainter
10. Father's Birthplace, Medebach Regb. Arnsberg German

Name of Medical Attendant, or other Person who makes this Return. Mrs Annie Dunnler

Address, 60 Hoth Schroeder Street

Remarks,

HEALTH DEPARTMENT, DEC 4 1885 BALTIMORE, MD.

ty Printers and Stationers.

RETURN OF A BIRTH

83494

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) Wh.

3. Date of Birth, Nov. 22nd 1885

4. Place of Birth, (Street and Number) 110 E Hoffman St

5. Full Name of Mother, Ella Richmond Holmes

6. Mother's Maiden Name, Richmond

7. Mother's Birthplace, Balto. Co. Md.

8. Full Name of Father, R. Dennis Holmes

9. Father's Occupation, Grea & Cilm Plater

10. Father's Birthplace, Balto. City

Name of Medical Attendant, or other Person who makes this Return. E W Britton M.D.

Address, 51 S Broadway

Remarks,

HEALTH DEPARTMENT
DEC 3 1885
BALTIMORE, MD.

RETURN OF A BIRTH

83495

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
DEC 18 1885
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 Birth

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) white

3. Date of Birth, 23 November

4. Place of Birth, (Street and Number) Heist. No 38

5. Full Name of Mother, Lizzi Reibertanz

6. Mother's Maiden Name, " " Schmit

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Otar Reibertanz

9. Father's Occupation,

10. Father's Birthplace, Baltimor

Name of Medical Attendant, or other Person who makes this Return.

Address, Bro. Maures

Remarks, Barket Space No 15

NOTICE

The succeeding document was received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

TURN OF A BIRTH

82496

e of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
DEC 16 1885
BALTIMORE MD

whether 1st, 2d, 3d, &c.)	2nd
female)	male
white race)	Colored
	Mon' Nov 2nd
Number)	No 90 moorse Alley
	Martha Woolford
	Martha Robinson
	Tappohannock Virginia
	Henry Woolford
	Oyster Shucker
Residence	Shore Maryland Dorchester Co
t, or other Person who makes this Return	Celesta Coop
	Orchard st

RETURN OF A BIRTH.

83497

To the Office of Registrar of Vital Statistics, Board of Health, ~~Baltimore~~ City.

HEALTH DEPARTMENT
DEC 14 1885
BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 9th

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth Nov 23rd 1885

4. Place of Birth, (Street and Number) # 76 E. Monument St

5. Full Name of Mother, Ricky Glomback

6. Mother's Maiden Name, " Mirz

7. Mother's Birthplace, Germany

8. Full Name of Father, John Glomback

9. Father's Occupation, Laborer

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return. Wm. Lena Hillegeist

Address, # 102 E. Monument St.

Remarks,

...City Printers and Stationers.

83498

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, DEC 12 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Forth Child

1. *Sex, (state whether male or female)* Male Child
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 23 day of November 1885
4. *Place of Birth, (Street and Number)* 68 Cross st. Baltimore M.D.
5. *Full Name of Mother,* Anna E. Small
6. *Mother's Maiden Name,* Anna E. Baake
7. *Mother's Birthplace,* Cumberland. M.D.
8. *Full Name of Father,* George Small
9. *Father's Occupation,* Bricklayer
10. *Father's Birthplace,* Cumberland. M.D.

Name of Medical Attendant, or other Person who makes this Return. Amilie Bange

Address, 426 Cross street

Remarks,

ity Printers and Stationers.

NOTICE

The succeeding documents were received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

RETURN OF A BIRTH

83499

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT, DEC 1 1885 BALTIMORE MD.

of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
Sex, (state whether male or female)	Female
Race or Color, (if not of the white race)	White
Date of Birth,	23 Nov 1885
Place of Birth, (Street and Number)	586 W. Lombard st
Full Name of Mother,	Mollie E. Douty
Mother's Maiden Name,	Fowler
Mother's Birthplace,	Baltimore
Full Name of Father,	James F. Douty
Father's Occupation,	Book Keeper
Father's Birthplace,	Maryland
Name of Medical Attendant, or other Person who makes this Return	John Wood
Address,	
Remarks,	

ND STATIONERS

83500

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, DEC 5 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 2

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 23rd Nov
4. *Place of Birth, (Street and Number)* Belair Ave
5. *Full Name of Mother,* Sophie Shatz
6. *Mother's Maiden Name,* Sophie Dorskey
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* John Shatz
9. *Father's Occupation,* Tailor
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs Bruns.

Address, No 6 Chester Belair Ave

Remarks,

y Printers and Stationers.

83501

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, DEC 4 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* November 2 3rd 1885
4. *Place of Birth, (Street and Number)* S. Washington St Balto
5. *Full Name of Mother,* Annie Garrison
6. *Mother's Maiden Name,* Devaughn
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* William Garrison
9. *Father's Occupation,* Engineer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs Hannah Knowles

Address, 144 S. Bond St.

Remarks,

Printers and Stationers.

RETURN OF A BIRTH

83502

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) Colored.

3. Date of Birth, Nov 23rd '85

4. Place of Birth, (Street and Number) ~~29~~ 130 Cathedral St.

5. Full Name of Mother, Nettie Bradford

6. Mother's Maiden Name, Nettie Jones

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Edgar Bradford

9. Father's Occupation, Coachman

10. Father's Birthplace, Virginia

Name of Medical Attendant, or other Person who makes this Return. Wm J. Lockwood

Address, Park Ave & Madison St.

Remarks,

HEALTH DEPARTMENT, DEC 21 1885, BALTIMORE, MD.

City Printers and Stationers.

8350 3

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Sixth Child

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth Nov 23. 1885

4. Place of Birth, (Street and Number) 350 W. Pratt. Batto. Md

5. Full Name of Mother, Mary Berneburg

6. Mother's Maiden Name, Mary Dimling

7. Mother's Birthplace, Germany

8. Full Name of Father, Geo. Berneburg

9. Father's Occupation, Machinist

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs Catherine Leeback

Address, 439 W Pratt street

Remarks,

HEALTH DEPARTMENT DEC 3 1885 BALTIMORE MD.

Co., City Printers and Stationers.

RETURN OF A BIRTH.

83504

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) First one

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth November 23 the 1885

4. Place of Birth, (Street and Number) No. 325 Saratoga St.

5. Full Name of Mother, Lizzie Hagel

6. Mother's Maiden Name, Lizzie Georgius

7. Mother's Birthplace, Baltimore Maryland

8. Full Name of Father, John Hagel

9. Father's Occupation, Paper Carrier

10. Father's Birthplace, Baltimore Maryland

Name of Medical Attendant, or other Person who makes this Return. Mrs Catherine Seebach

Address, No. 1397 W Pratt street

Remarks,

HEALTH DEPARTMENT
DEC 3 1885
BALTIMORE, MD.

Co., City Printers and Stationers.

83505

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT, DEC 16 1885 BALTIMORE MD.

of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2d
ex, (state whether male or female)	Female
Race or Color, (if not of the white race)	White
Date of Birth,	Nov. 24th/85
Place of Birth, (Street and Number)	301 W. Fayette St.
Full Name of Mother,	Mrs. Kate Baxter
Mother's Maiden Name,	Miss " Mann
Mother's Birthplace,	Balto. Md.
Full Name of Father,	Chas. D. Baxter
Father's Occupation,	In Broker's Office
Father's Birthplace,	N. Y. City N.Y.
Name of Medical Attendant, or other Person who makes this Return.	T. Chew. Worthington
Address,	#373 W. Fayette St.
Remarks,	Balto. Md.

STATIONER, BALT.

RETURN OF A BIRTH

8506

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Nov 24. 1885

4. Place of Birth, (Street and Number) 6 Selma Place

5. Full Name of Mother, Alice Dryden

6. Mother's Maiden Name, Alice Hoch

7. Mother's Birthplace, Md

8. Full Name of Father, Harold P Dryden

9. Father's Occupation, Clerk

10. Father's Birthplace, Maryland

Name of Medical Attendant, or other Person who makes this Return James Bosley M.D.

Address, 219 Hollins St

Remarks,

HEALTH DEPARTMENT DEC 15 1885 BALTIMORE MD

RS AND STATIONERS.

83507

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth Nov. 24th 1885

4. Place of Birth, (Street and Number) #95 Hillen St

5. Full Name of Mother, Sophia Jaeger.

6. Mother's Maiden Name, " Bast.

7. Mother's Birthplace, Balto Md.

8. Full Name of Father, E. A. Jaeger.

9. Father's Occupation, Druggist

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs. Dena Hillegeist.

Address, #182 E Monument St

Remarks,

HEALTH DEPARTMENT, DEC 14 1885 BALTIMORE, MD.

City Printers and Stationers.

83508

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, DEC 3 1885 BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colord
3. Date of Birth Nov 24th 1885
4. Place of Birth, (Street and Number) 139 welcome al
5. Full Name of Mother, olena Parker
6. Mother's Maiden Name, olena Bomie
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Solmon Bonnie
9. Father's Occupation, Sailor
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mary ann dorsey

Address, 64 Elbow lane

Remarks, five dollars

o., City Printers and Stationers.

GIVEN NAME ADDED 9-14-55 13509

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Reuben Eli Ottenheimer 3rd

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. [redacted] *(state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Nov 25 1885
4. *Place of Birth, (Street and Number)* 44 S Mount st
5. *Full Name of Mother,* Amelia Ottenheimer
6. *Mother's Maiden Name,* Amelia Greenbaum
7. *Mother's Birthplace,* Balto Md
8. *Full Name of Father,* Eleazer Ottenheimer
9. *Father's Occupation,* Butcher
10. [redacted]*her's Birthplace,* Balto Md

Name of Medical Attendant, or other Person who makes this Return James Bowley M.D.

Address, 319 Hollins st

Remarks,

HEALTH DEPARTMENT DEC 15 1885 BALTIMORE

AND STATIONERS.

RETURN OF A BIRTH.

83510

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, DEC 12 1885 BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Second

Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) W

3. Date of Birth Nov 25

4. Place of Birth, (Street and Number) Barnes st. 44

5. Full Name of Mother, Marie Panuska

6. Mother's Maiden Name, Barock

7. Mother's Birthplace, Bohemia

8. Full Name of Father, Frank Panuska

9. Father's Occupation, Taylor

10. Father's Birthplace, Bohemia

Name of Medical Attendant, or other Person who makes this Return. Josephine Conrad

Address, 20 Barnes st

Remarks,

Co., City Printers and Stationers.

83511

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

HEALTH DEPARTMENT
DEC 4 1885
BALTIMORE, MD

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Eighth (8th)
1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth November 25th 1885
4. Place of Birth (Street and Number) 156 N Eutaw St
5. Full Name of Mother Clara Stue
6. Mother's Maiden Name Skurnik
7. Mother's Birthplace Prussia
8. Full Name of Father Louis Stue
9. Father's Occupation Merchant
10. Father's Birthplace Prussia
Name of Medical Attendant, or other Person who makes this Return. Saml J Bilk M.D.
Address 134 N Eutaw
Remarks

RETURN OF A BIRTH

83512

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 Brooke

1. Sex, (state whether male or female) finale

2. Race or Color, (if not of the white race) White

3. Date of Birth, 25 November 1885

4. Place of Birth, (Street and Number) 1. High st. 115

5. Full Name of Mother, Cherna Goldberg

6. Mother's Maiden Name, " Becrel

7. Mother's Birthplace, " Russia

8. Full Name of Father, Moses Goldberg

9. Father's Occupation, Dry goods store

10. Father's Birthplace, Russia

Name of Medical Attendant, or other Person who makes this Return. E. Schirman

Address, Albemarle st cor 26

Remarks,

HEALTH DEPARTMENT
DEC 5 1885
BALTIMORE, MD.

City Printers and Stationers.

83513

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) ~~[illegible]~~ 4. th.

1. Sex, (state whether male or female) Mail.
2. Race or Color, (if not of the white race) White
3. Date of Birth, 25. th.
4. Place of Birth, (Street and Number) 121 Fairmount Ave.
5. Full Name of Mother, Lotto Annegar
6. Mother's Maiden Name, Lotto Freitentauch
7. Mother's Birthplace, Germanne.
8. Full Name of Father, Herman Tinnemyer
9. Father's Occupation, Store.
10. Father's Birthplace, Germanne

Name of Medical Attendant, or other Person who makes this Return. Mrs Annie Tumles

Address, 60 North Schroeder St.

Remarks,

HEALTH DEPARTMENT DEC 4 1883 BALTIMORE, MD.

City Printers and Stationers.

83514

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, DEC 4 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Nov 25th 1885
4. *Place of Birth, (Street and Number)* 158 South Bond St
5. *Full Name of Mother,* Augusta Bock
6. *Mother's Maiden Name,* Selmond
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Rudolph Bock
9. *Father's Occupation,* Ship Carpenter
10. *Father's Birthplace,* Germany.

Name of Medical Attendant, or other Person who makes this Return. Mrs H Knowles

Address, 144 South Bond St. Balt

Remarks,

City Printers and Stationers.

RETURN OF A BIRTH.

83515

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, DEC 18 1885 BALTIMORE, MD

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) wht
3. Date of Birth Nov. 25. 1885
4. Place of Birth, (Street and Number) 448 N. Fremont st
5. Full Name of Mother, Alice A. Wise
6. Mother's Maiden Name, " " Shrubb
7. Mother's Birthplace, Md.
8. Full Name of Father, Andrew Wise
9. Father's Occupation, Blacksmith
10. Father's Birthplace, Md.
11. Name of Medical Attendant, or other Person who makes this Return. G Lane Daneyhill

Address, 219 Madison ave.

Remarks, Child born before any doctor arrived. the Placenta was extracted by Dr H. T. Houck

for each offence to be recovered as other fines and forfeitures are recoverable.

& Co., City Printers and Stationers.

83516

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3 ed

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth Nov 26th
4. Place of Birth, (Street and Number) 62 Camden st
5. Full Name of Mother, Catherin Ullrich
6. Mother's Maiden Name, " Bechtold
7. Mother's Birthplace, Balto.
8. Full Name of Father, John H. Ullrich
9. Father's Occupation, Cigarmaker
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other Person who makes this Return. A. L. Buddenbohn M.D.

Address, # 166 S. Paca st.

Remarks,

HEALTH DEPARTMENT, DEC 3 1885 BALTIMORE, MD.

for each offence to be recovered as other fines and forfeitures are recoverable.

& Co. City Printers and Stationers.

RETURN OF A BIRTH.

83517

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) One Child

1. *Sex, (state whether male or female)*
2. *Race or Color, (if not of the white race)* Colard Race
3. *Date of Birth* Nov 26 1885
4. *Place of Birth, (Street and Number)* No 3 Gauss St
5. *Full Name of Mother,* Maggie Dockins
6. *Mother's Maiden Name,* Maggie Hudsons
7. *Mother's Birthplace,* Princeanne Co
8. *Full Name of Father,* Charlie Dockins
9. *Father's Occupation,* Labor
10. *Father's Birthplace,* Eastern Shore

Name of Medical Attendant, or other Person who makes this Return. Lucindia Wolford

Address, 130 N Register St

Remarks,

HEALTH DEPARTMENT, DEC 4 1885 BALTIMORE, MD.

Co., City Printers and Stationers.

RETURN OF A BIRTH

83518

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
DEC 4 1885
BALTIMORE, MD

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth, Nov 26th 1885

4. Place of Birth, (Street and Number) Baltimore City Lombard St No

5. Full Name of Mother, Rachel Gilbert

6. Mother's Maiden Name, Rachel Freedman

7. Mother's Birthplace, Germany

8. Full Name of Father, Louis Gilbert

9. Father's Occupation, Laborer

10. Father's Birthplace, Pole Prussia

Name of Medical Attendant, or other Person who makes this Return. Mrs. M. Shaffer

Address, No 37 Eastern Ave St

Remarks,

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

Co., City Printers and Stationers.

835-19

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, November 27: 1885
4. Place of Birth, (Street and Number) 734 Lexington st
5. Full Name of Mother, Fanny H. Leach
6. Mother's Maiden Name, " Hunt
7. Mother's Birthplace, Baltimore
8. Full Name of Father, William W. Leach
9. Father's Occupation, Restaurant Keeper
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return P. C. Williams

Address, 201 Madison Ave

Remarks,

HEALTH DEPARTMENT
DEC 15 1885
BALTIMORE, MD.

to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

NTERS AND STATIONERS.

RETURN OF A BIRTH

83520

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
DEC 15 1885
BALTIMORE MD

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Nov 27. 1885
4. *Place of Birth, (Street and Number)*	Fulton near McHenry st
5. *Full Name of Mother,*	Minnie Clinton
6. *Mother's Maiden Name,*	Minnie Wright
7. *Mother's Birthplace,*	London England
8. *Full Name of Father,*	Geo Clinton
9. *Father's Occupation,*	Carpenter
10. *Father's Birthplace,*	Canada
Name of Medical Attendant, or other Person who makes this Return	Jane Bosley M.D
Address,	319 Hollins st
Remarks,	

...ERS AND STATIONERS.

83521

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT, DEC 4 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second (2nd)

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth November 27th 1885
4. Place of Birth (Street and Number) 24 Ensor St
5. Full Name of Mother Ella S. Walters
6. Mother's Maiden Name " Carson
7. Mother's Birthplace Philadelphia, Penn"
8. Full Name of Father George H. Walters
9. Father's Occupation Brassfinisher
10. Father's Birthplace Philadelphia, Penn"

Name of Medical Attendant, or other Person who makes this Return. Sand J Belt M.D.

Address 134 N Exeter St

Remarks

RETURN OF A BIRTH

83532

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 the

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, November 27 1885

4. Place of Birth, (Street and Number) Hull St

5. Full Name of Mother, Mary Bangs

6. Mother's Maiden Name, Mary Coyne

7. Mother's Birthplace, Ireland

8. Full Name of Father, Mary H Bangs

9. Father's Occupation, Sailor

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs Ettel

Address, No 13 Cuba St

Remarks,

HEALTH DEPARTMENT, DEC 4 1885 BALTIMORE MD

for each offence to be recovered as other fines and forfeitures are recoverable.

...o., City Printers and Stationers.

83523

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
DEC 22 1885
BALTIMORE MD

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	
3. Date of Birth	7th Nov 1885
4. Place of Birth (Street and Number)	526 North Broadway
5. Full Name of Mother	Bertha Whitteson
6. Mother's Maiden Name	Bertha Cannon
7. Mother's Birthplace	Balto City
8. Full Name of Father	Wesley Whitteson
9. Father's Occupation	Clerk
10. Father's Birthplace	Balto City
Name of Medical Attendant, or other Person who makes this Return.	John B. Cannon acting M.D.
Address	S. W. Church & Broadway
Remarks	

83524

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, DEC 4 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fifth

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 27 November Saturday
4. Place of Birth, (Street and Number) 123 Durham st Baltimore Md
5. Full Name of Mother, Lizzie Siegrist
6. Mother's Maiden Name, Lizzie Thuman
7. Mother's Birthplace, 17th jun 1837 Born penselvanel
8. Full Name of Father, Henry Siegrist
9. Father's Occupation, Laber Man
10. Father's Birthplace, 17th September 1863 Baltimore Md

Name of Medical Attendant, or other Person who makes this Return. Mrs Hannah Knowles

Address, 144 S Bond St

Remarks,

ity Printers and Stationers.

RETURN OF A BIRTH.

8352

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3rd.

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth Nov. 27. 1885

4. Place of Birth, (Street and Number) 221 N. Dallas St.

5. Full Name of Mother, Jennie Hoose

6. Mother's Maiden Name, Ehardt

7. Mother's Birthplace, Balto. Md.

8. Full Name of Father, Adam Hoose

9. Father's Occupation, Tailor

10. Father's Birthplace, Balto. Md.

Name of Medical Attendant, or other Person who makes this Return. Caroline Miller

Address, # 5 Walker St. Balto. Md

Remarks,

HEALTH DEPARTMENT
DEC 3 1885
BALTIMORE, MD.

Co., City Printers and Stationers.

83526

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) ~~No 2~~ White

3. Date of Birth Nov 28

4. Place of Birth, (Street and Number) 345 N. Washington

5. Full Name of Mother, Antonie Hirshauer

6. Mother's Maiden Name, " " Shimek

7. Mother's Birthplace, Bohemia

8. Full Name of Father, Victor E. Hirshauer

9. Father's Occupation, Taylor

10. Father's Birthplace, Bohemia

Name of Medical Attendant, or other Person who makes this Return. Jos. Conrad

Address, 20 Barnes St.

Remarks,

HEALTH DEPARTMENT DEC 12 1885 BALTIMORE MD

...o., City Printers and Stationers.

RETURN OF A BIRTH

8352 7

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
DEC 3 1885
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth, 28th Nov 1885

4. Place of Birth, (Street and Number) William St

5. Full Name of Mother, Margarett Hester Bell

6. Mother's Maiden Name, Brownwell

7. Mother's Birthplace, Madison Dorchester Co Md

8. Full Name of Father, William Alfred Bell

9. Father's Occupation, Engineer

10. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other Person who makes this Return. Elizabeth Yarnell

Address, 68 Hart Ave

Remarks,

, City Printers and Stationers.

8352-8

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 18th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Nov 28th 1885
4. *Place of Birth, (Street and Number)* 27 N. Calhoun St
5. *Full Name of Mother,* Elizabeth R. Clark
6. *Mother's Maiden Name,* Elizabeth R. Booker
7. *Mother's Birthplace,* Lynchburg Va
8. *Full Name of Father,* James Clark
9. *Father's Occupation,* Cattle Dealer
10. *Father's Birthplace,* Howard Co. Md

Name of Medical Attendant, or other Person who makes this Return. J. C. Shimer Mon

Address, 41 N. Carey St

Remarks,

HEALTH DEPARTMENT, DEC 21 1885 BALTIMORE, MD.

y Printers and Stationers.

RETURN OF A BIRTH, 83529

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
DEC 1885
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Fifth
1. *Sex (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth*	28 November 1885
4. *Place of Birth, (Street and Number)*	213 Edmonson Ave
5. *Full Name of Mother*	Emma Kate Benson
6. *Mother's Maiden Name*	Leasure
7. *Mother's Birthplace*	Balto City
8. *Full Name of Father*	Martin Kemp Benson
9. *Father's Occupation*	Book Keeper
10. *Father's Birthplace*	Talbot Co Md
Name of Medical Attendant, or other Person who makes this Return.	J. H. Harney
Address	76 S Paca St
Remarks	

83530

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4.

1. Sex, (state whether male or female) male child

2. Race or Color, (if not of the white race) white race

3. Date of Birth born 28 th November 1885

4. Place of Birth, (Street and Number) No 32 Bryant bet Ann & Baltimore

5. Full Name of Mother, Mrs Mary Ganz

6. Mother's Maiden Name, Mrs Mary Schlaich

7. Mother's Birthplace, Germany

8. Full Name of Father, Mr John Ganz

9. Father's Occupation, ~~Lutman~~ Driver.

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs Catherine Klebach

Address, No 439 N. Bath street.

Remarks,

HEALTH DEPARTMENT
DEC 3 1885
BALTIMORE, MD.

Co., City Printers and Stationers.

83531

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) the 3

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* 1885 November 29th
4. *Place of Birth, (Street and Number)* N66 Pearl Street
5. *Full Name of Mother,* Rieke Leeser
6. *Mother's Maiden Name,* Riche De-Beer
7. *Mother's Birthplace,* Germania
8. *Full Name of Father,* Adolph Leeser
9. *Father's Occupation,* Stove & Tin Walve
10. *Father's Birthplace,* Germania

Name of Medical Attendant, or other Person who makes this Return Mrs W. Maennel Midwife

Address, No 8 Pearl ste

Remarks,

HEALTH DEPARTMENT, DEC 5 1885 BALTIMORE, MD.

Co., City Printers and Stationers.

83532

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT, DEC 4 1885 BALTIMORE, MD.

No. Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 child,

1. Sex (state whether male or female) Female,
2. Race or Color (if not of the white race) White race,
3. Date of Birth 29 of November 1885
4. Place of Birth (Street and Number) No 65 Walnut Alley,
5. Full Name of Mother Kate Kreiner,
6. Mother's Maiden Name Kate Schewitzer,
7. Mother's Birthplace in Baltimore,
8. Full Name of Father Chales Kreiner,
9. Father's Occupation a Laborer,
10. Father's Birthplace in Baltimore,

Name of Medical Attendant, or other Person who makes this Return.

Address Midwife Theresa Gelle No 34 Beddel Alley,

Remarks

83533

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT, DEC 2 1885 BALTIMORE, MD.

No. Child of Mother, (state whether 1st, 2d, 3d, &c.)	3d
1. Sex (state whether male or female)	Female
2. Race or Color (if not of the white race)	—
3. Date of Birth	Nov 29
4. Place of Birth (Street and Number)	143 Hanover st
5. Full Name of Mother	Mary Ellen Hertel
6. Mother's Maiden Name	Mary E. North
7. Mother's Birthplace	Howard Co Md
8. Full Name of Father	Andrew Hertel
9. Father's Occupation	Barber
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	E. Buchman
Address	158 S Sharp
Remarks	

83431

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Nov. 30 1885.
4. *Place of Birth, (Street and Number)* 52 Enson
5. *Full Name of Mother,* Annie Crouse
6. *Mother's Maiden Name,* Ziegler
7. *Mother's Birthplace,* Balto. City
8. *Full Name of Father,* Joseph Crouse
9. *Father's Occupation,* Butcher
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return J. A. Christian M.D.

Address, 506 Mad. Ave

Remarks,

HEALTH DEPARTMENT DEC 15 1885 BALTIMORE MD

...NS AND STATIONERS.

83535

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5 named Wilhalm

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* November 30 1885
4. *Place of Birth, (Street and Number)* c Pratt str 37
5. *Full Name of Mother,* Mary Berman
6. *Mother's Maiden Name,* Wilensky
7. *Mother's Birthplace,* Russia
8. *Full Name of Father,* Louis Berman
9. *Father's Occupation,* Pedler
10. *Father's Birthplace,* Russia

Name of Medical Attendant, or other Person who makes this Return. E Schirman

Address, Albemarle st N 26

Remarks,

HEALTH DEPARTMENT, DEC 13 1885 BALTIMORE, MD

ity Printers and Stationers.

8353 L

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, DEC 17 1885 BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3 J

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) W

3. Date of Birth 385 Eager

4. Place of Birth, (Street and Number) November 30 =

5. Full Name of Mother, Barbara Dobson

6. Mother's Maiden Name, Kaspar

7. Mother's Birthplace, Bohemia

8. Full Name of Father, Charles Dobson

9. Father's Occupation, Turner

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. Josephine Conrad

Address, 20 Barnes.

Remarks,

City Printers and Stationers.

RETURN OF A BIRTH.

B3537

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
DEC 12 1885
BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2nd
1. Sex, (state whether male or female)	female
2. Race or Color, (if not of the white race)	W
3. Date of Birth	Nov. 30
4. Place of Birth, (Street and Number)	258 N. Bond St
5. Full Name of Mother,	Magie Kudrna
6. Mother's Maiden Name,	Schultz
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	Thomas Kudrle
9. Father's Occupation,	Butcher
10. Father's Birthplace,	Bohemia
Name of Medical Attendant, or other Person who makes this Return.	Josephine Conrad
Address,	20 Barnes St.
Remarks,	

City Printers and Stationers.

NOTICE

The succeeding document was received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

RETURN OF A BIRTH.

8538

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
DEC 5 1885
BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Third

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth* Nov 30th 1885

4. *Place of Birth, (Street and Number)* 1206 William st

5. *Full Name of Mother,* Laura G. Bitzel

6. *Mother's Maiden Name,* Laura G. Bitzer

7. *Mother's Birthplace,* New Jersey

8. *Full Name of Father,* Martin Bitzel

9. *Father's Occupation,* Roofer

10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs M A Cottrell

Address, 98 Cross St.

Remarks,

City Printers and Stationers.

RETURN OF A BIRTH.

83539

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
DEC 4 1885
BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) white

3. Date of Birth Nov 30 85

4. Place of Birth, (Street and Number) 89 Garden St

5. Full Name of Mother, Agnes Catherine Holzhaus

6. Mother's Maiden Name, " " Herzog

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Bernard Holzhaus

9. Father's Occupation, Cigar Maker.

10. Father's Birthplace, Oldenburg - Russia.

Name of Medical Attendant, or other Person who makes this Return. Dr. Thomas

Address, 119 W Hamilton St.

Remarks,

... City Printers and Stationers.

RETURN OF A BIRTH.

83540

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth Nov. 30th 95

4. Place of Birth, (Street and Number) # 36 Wyeth St.

5. Full Name of Mother, Magareth Walter

6. Mother's Maiden Name, " Becker

7. Mother's Birthplace, Germany.

8. Full Name of Father, Henry R Walter

9. Father's Occupation, Engineer

10. Father's Birthplace, Germany.

Name of Medical Attendant, or other Person who makes this Return. Mary Krok

Address, # 328 S. Eutaw St.

Remarks,

HEALTH DEPARTMENT, DEC 2 1895 BALTIMORE, MD.

City Printers and Stationers.

83541

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 29 Sep. Third Child

1. *Sex, (state whether male or female)* Male.
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 29 Sep.
4. *Place of Birth, (Street and Number)* 859 West Pale
5. *Full Name of Mother,* Mrs Barbara France
6. *Mother's Maiden Name,* Miss Weber
7. *Mother's Birthplace,* Bewern
8. *Full Name of Father,* Phil. Franc
9. *Father's Occupation,* Boiler Maker
10. *Father's Birthplace,* Parris

Name of Medical Attendant, or other Person who makes this Return. Mrs Anna Dunler

Address, 60 North Schroeder St

Remarks, Baltimore M.D.

HEALTH DEPARTMENT, DEC 4 1885 BALTIMORE, MD.

for each offence to be recovered as other fines and forfeitures are recoverable.

, City Printers and Stationers.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, DEC 10 1885 BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth Oct. 25 1885

4. Place of Birth, (Street and Number) Eager No. 255

5. Full Name of Mother, Marie Kleeka

6. Mother's Maiden Name, Hanicka

7. Mother's Birthplace, Bohemia

8. Full Name of Father, Joseph Kleeka

9. Father's Occupation, ~~B~~ Tailor

10. Father's Birthplace, Bohemia

Name of Medical Attendant, or other Person who makes this Return. Joseph Conrad

Address, 20 Baines St.

Remarks,

for each offence to be recovered as other fines and forfeitures are recoverable.

& Co., City Printers and Stationers.

RETURN OF A BIRTH

f3124 3

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (state whether male or female)* female

2. *Race or Color, (if not of the white race)* white

3. *Date of Birth,* Oct 26th 1885

4. *Place of Birth, (Street and Number)* N.W. Biddle & Gilmor

5. *Full Name of Mother,* Anth Burton

6. *Mother's Maiden Name,* Leach

7. *Mother's Birthplace,* Balt. Md

8. *Full Name of Father,* Charles Burton

9. *Father's Occupation,* Carpenter

10. *Father's Birthplace,* Balto Md

Name of Medical Attendant, or other Person who makes this Return. W. B. Billingslea M.D.

Address, 228 E. Preston st

Remarks,

HEALTH DEPARTMENT, DEC 3 1885, BALTIMORE MD.

or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to the like penalties for each offence to be recovered as other fines and forfeitures are recoverable.

Co., City Printers and Stationers.

83544

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, DEC 4 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	fifth
Sex, (state whether male or female)	female
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth.*	Oct 28/85
4. *Place of Birth, (Street and Number)*	40 Bane St
5. *Full Name of Mother,*	Kate S Kinner
6. *Mother's Maiden Name.*	" Jarvis
7. *Mother's Birthplace,*	England
8. *Full Name of Father,*	Thos S Kinner
9. *Father's Occupation,*	Merchant
10. *Father's Birthplace,*	Md
Name of Medical Attendant, or other Person who makes this Return	C A Lewis
Address,	162 Hanover St
Remarks,	

...ny person or persons who shall hereafter fail to be registered as other fines and penalties are recoverable. To a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

...INTERS AND STATIONERS.

RETURN OF A BIRTH

83545

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
DEC 11 1885
BALTIMORE, MD.

No. of Child of Mother, (*state whether* 1*st*, 2*d*, 3*d*, *&c.*) Fifth

Sex, (*state whether male or female*) Male

Race or Color, (*if not of the white race*) White

Date of Birth, 28 Oct 1885

Place of Birth, (*Street and Number*) 380 La Fayette av

Full Name of Mother, Charlotte Crane

Mother's Maiden Name, Turner

Mother's Birthplace, Maryland

Full Name of Father, Irving B. Crane

Father's Occupation, Private Secretary & President B & O R.R.

Father's Birthplace, New Jersey

Name of Medical Attendant, or other Person who makes this Return John Hood

Address, 574 W. Fayette

Remarks,

...RS AND STATIONERS

RETURN OF A BIRTH.

8354 5 1/2

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, DEC 12 1885 BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Third

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* Oct. 28
4. *Place of Birth, (Street and Number)* 393 N. Durham St
5. *Full Name of Mother,* Anna Lanoc
6. *Mother's Maiden Name,* " " Mais
7. *Mother's Birthplace,* Hungaria
8. *Full Name of Father,* Wilhelm Lanoc
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Hungaria

Name of Medical Attendant, or other Person who makes this Return.

Address, Josephine Conrad

Remarks, 20 Barnes St

for each offence to be recovered as other fines and forfeitures are recoverable.

& Co., City Printers and Stationers.

RETURN OF A BIRTH.

$3546

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 7th Child.

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth October 30th 1885

4. Place of Birth, (Street and Number) No 169 Lemon St.

5. Full Name of Mother, Maggie Hauck.

6. Mother's Maiden Name, " " Bauserman

7. Mother's Birthplace, Markheidenfeld.

8. Full Name of Father, Valentin Hauck.

9. Father's Occupation, Laborer

10. Father's Birthplace, Bischofsheim Baden.

Name of Medical Attendant, or other Person who makes this Return. Annie Lindner

Address, No. 45 St Mary's

Remarks,

HEALTH DEPARTMENT, DEC 4 1885 BALTIMORE, MD.

Co., City Printers and Stationers.

NOTICE

The succeeding documents were received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

RETURN OF A BIRTH

B3547

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
DEC 19 1885
BALTIMORE, MD.

Name of Child: Clinton Walter Piercy

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Oct 31st 1885

4. Place of Birth, (Street and Number) 181 E. Preston st

5. Full Name of Mother, Mary Piercy

6. Mother's Maiden Name, Camble

7. Mother's Birthplace, Balto Md

8. Full Name of Father, Jacob Piercy

9. Father's Occupation, Policeman

10. Father's Birthplace, Balto. Md.

Name of Medical Attendant, or other Person who makes this Return. Dr. C. Billingslea

Address, 2280 E. Preston st

Remarks,

for each offence to be incurred as other fines and forfeitures are recovered.

City Printers and Stationers

RETURN OF A BIRTH

B 548

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPAR... DEC. ... BALTIMORE

of Child of Mother. (*state whether 1st, 2d, 3d, &c.*) Sall

Sex, (*state whether male or female*) Male

Race or Color, (*if not of the white race*) Color

Date of Birth, august the 16 1884

Place of Birth, (*Street and Number*) Baltimore ohio ave No 30

Full Name of Mother, Sallie William

Mother's Maiden Name, Sallie Ballard

Mother's Birthplace, Baltimore

Full Name of Father, Aarch Ballard

Father's Occupation, Sale

Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return

Address, Ardin H Ballard

Remarks,

Missing 83549 & 83551

RETURN OF A BIRTH

8355/

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
DEC 3 1885
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9th

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, 1st Dec

4. Place of Birth, (Street and Number) 203 Harris Ally

5. Full Name of Mother, Margret Gonchke

6. Mother's Maiden Name Margret Brooks

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Charles Gonchke

9. Father's Occupation, Can Maker

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs Sally Sullens

Address, 104 Curley st

Remarks,

y & Co., City Printers

RETURN OF A BIRTH

83552

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 tt

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Dezember 1883

4. Place of Birth, (Street and Number) Cooks St

5. Full Name of Mother, Mary Elman

6. Mother's Maiden Name, Mary Noun

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Patrick Elman

9. Father's Occupation, Labor

10. Father's Birthplace, Balt

Name of Medical Attendant, or other Person who makes this Return. Mrs Ettel

Address, No 13 Cuba St

Remarks,

HEALTH DEPARTMENT DEC 1 1883 BALTIMORE, MD

& Co., City Printers

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

63553

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st December the 1 1885

1. Sex, (state whether male or female) female child

2. Race or Color, (if not of the white race) colored child

3. Date of Birth, December the 1 1885

4. Place of Birth, (Street and Number) no 25 east Stiles

5. Full Name of Mother, Rachel Brown

6. Mother's Maiden Name, Rachel Howard

7. Mother's Birthplace, Anruden County Md

8. Full Name of Father, Samuel Brown

9. Father's Occupation, Brickyard

10. Father's Birthplace, Anruden

Name of Medical Attendant, or other Person who makes this Return

Address, Darby Tomlin 134 Chestnut St

Remarks,

HEALTH DEPARTMENT, DEC 4 1885 BALTIMORE, MD.

duty of the parent or parents of such child to report the birth to the Board of Health, as above required, within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

CITY PRINTERS AND STATIONERS.

NOTICE

The succeeding document was received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

83554

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) African

3. Date of Birth, 12-2-'85

4. Place of Birth, (Street and Number) 37 George St.

5. Full Name of Mother, Annie Elizabeth Smothers

6. Mother's Maiden Name, " " "

7. Mother's Birthplace, Baltimore, Md

8. Full Name of Father, William Harris

9. Father's Occupation, Porter

10. Father's Birthplace, Norfolk, Va.

Name of Medical Attendant, or other Person who makes this Return. Caroline E. Smith M.D.

Address, 145 Park Ave. Baltimore, Md.

Remarks,

HEALTH DEPARTMENT, DEC 24 1885 BALTIMORE, MD.

for each offence to be recovered as other fines and forfeitures are recoverable.

, City Printers and Stationers.

RETURN OF A BIRTH

83555

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth, 2nd of Dec. 1885

4. Place of Birth, (Street and Number) 36 Watson St.

5. Full Name of Mother, Margret Kapelsons

6. Mother's Maiden Name, Mack

7. Mother's Birthplace, Baltimore

8. Full Name of Father, George Kapelsons

9. Father's Occupation, Laborer

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. Sarah Cashen

Address, 72 E. Lombard St.

Remarks,

HEALTH DEPARTMENT
DEC 21 1885
BALTIMORE, MD.

ity Printers and Stationers.

83556

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT DEC 6 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* December 2nd 1885
4. *Place of Birth, (Street and Number)* 13 Perry St
5. *Full Name of Mother,* Margaret Fessa
6. *Mother's Maiden Name,* " Immenhausen
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Wm Fessa
9. *Father's Occupation,* Porter
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return. Theodore Corkett M.D.

Address, 146 Hanover St

Remarks,

City Printers and Stationers.

NOTICE

The succeeding document was received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

RETURN OF A BIRTH

f 2557

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
DEC 7 1885
BALTIMORE, MD

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3 d.
Sex, (state whether male or female)	Male.
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Decem. 2/85.
4. *Place of Birth, (Street and Number)*	No. 5. Barney, St.
5. *Full Name of Mother,*	Mary J. Gannon.
6. *Mother's Maiden Name,*	" " Hall.
7. *Mother's Birthplace,*	Elysville. Md.
8. *Full Name of Father,*	Charles W. H. Gannon.
9. *Father's Occupation,*	Fireman.
10. *Father's Birthplace,*	Harpers Ferry. Va.
Name of Medical Attendant, or other Person who makes this Return.	Annie Gaunt.
Address,	634 Light. St.
Remarks,	

for each offence to be recovered as other fines are recovered.

, City Printers and Stationers.

RETURN OF A BIRTH.

83558

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Albert Charles Wuntz

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Twins Male and Female

2. Race or Color, (if not of the white race) White

3. Date of Birth December 2nd 1885.

4. Place of Birth, (Street and Number) Elizabeth Lane

5. Full Name of Mother, Hannah Wuntz

6. Mother's Maiden Name, Hannah Haneles

7. Mother's Birthplace, Germany

8. Full Name of Father, Hasman Wuntz

9. Father's Occupation, Laborer

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return. Catherine Hornung

Address, No 18 Boyd st

Remarks, GIVEN NAME ADDED 12-9-85

HEALTH DEPARTMENT, DEC 8 1885 BALTIMORE MD.

...., City Printers and Stationers.

RETURN OF A BIRTH

83559

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9 Child

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) Coulard

3. Date of Birth, born December 2 [illegible]

4. Place of Birth, (Street and Number) 190 Preston St

5. Full Name of Mother, Josephine Tyler

6. Mother's Maiden Name, Josephine Hampton

7. Mother's Birthplace, born in portsmouth Nansemond County Virginia

8. Full Name of Father, Archa Tyler

9. Father's Occupation, waiter

10. Father's Birthplace, born Davie County Virginia

Name of Medical Attendant, or other Person who makes this Return. Sarah Jane Duvall

Address, 9 Jasper St

Remarks,

HEALTH DEPARTMENT, DEC 8 1885 BALTIMORE, MD.

City Printers and Stationers.

RETURN OF A BIRTH.

83160

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
DEC 8 1935
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6th child
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	white
3. Date of Birth	Dec. 2/85
4. Place of Birth (Street and Number)	183 E. Lombard St.
5. Full Name of Mother	Dora Meyers
6. Mother's Maiden Name	" Ritter
7. Mother's Birthplace	Balt. City
8. Full Name of Father	Daniel Meyers
9. Father's Occupation	Merch.
10. Father's Birthplace	Carroll Co. Md.
Name of Medical Attendant, or other Person who makes this Return.	R.W. Mansfield M.D.
Address	50 So. Broadway
Remarks	

RETURN OF A BIRTH.

83561

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
DEC 9 1885
BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1. *Sex*, (state whether male or female) Male
2. *Race or Color*, (if not of the white race) White
3. *Date of Birth* Dec. 1
4. *Place of Birth*, (Street and Number) Franklin, st 339
5. *Full Name of Mother*, Mary. meike
6. *Mother's Maiden Name*, Mary. Roke
7. *Mother's Birthplace*, Franklin st 339
8. *Full Name of Father*, Henry. H. Meiks
9. *Father's Occupation*, Cigar. maker
10. *Father's Birthplace*, Baltimore

Name of Medical Attendant, or other Person who makes this Return. Susan Hunter

Address, 21 & 23 Poppleton St

Remarks,

Cp., City Printers and Stationers.

RETURN OF A BIRTH.

8356 2

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth Dec. 2nd 1885
4. Place of Birth, (Street and Number) 57 Low st.
5. Full Name of Mother, Sarah Schwimmer
6. Mother's Maiden Name,
7. Mother's Birthplace, Russia
8. Full Name of Father, Jacob Schwimmer
9. Father's Occupation, Peddler
10. Father's Birthplace, Russia

Name of Medical Attendant, or other Person who makes this Return. Mrs. C. Bernstein

Address, 49 S. Exeter st.

Remarks,

HEALTH DEPARTMENT DEC 10 1885 BALTIMORE, MD.

Co., City Printers and Stationers.

RETURN OF A BIRTH

83563

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Balto Dec 2nd 1885.

HEALTH DEPARTMENT
DEC 4 1885
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex, (state whether male or female)* Female.
2. *Race or Color, (if not of the white race)* White.
3. *Date of Birth,* Balto Dec. 2nd 1885.
4. *Place of Birth, (Street and Number)* 171 South Wolfe St.
5. *Full Name of Mother,* Johanna Reth.
6. *Mother's Maiden Name,* Johanna Rau.
7. *Mother's Birthplace,* America
8. *Full Name of Father,* Henry Reth.
9. *Father's Occupation,* Police Officer.
10. *Father's Birthplace,* America.

Name of Medical Attendant, or other Person who makes this Return. Mrs. Mary Amend.

Address, 137 South Wolfe St.

Remarks,

City Printers and Stationers.

83564

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Dezember 2 th ~~Nickelson St~~
4. *Place of Birth, (Street and Number)* Nickelson St
5. *Full Name of Mother,* Lizzie Noun
6. *Mother's Maiden Name,* Lizzie Coninghams
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Mickel Noun
9. *Father's Occupation,* Bar Keeper
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs Ettel

Address, No 13 Cuba

Remarks,

HEALTH DEPARTMENT, DEC 4 1885 BALTIMORE, MD.

for each offence to be recovered as other fines and forfeitures are recoverable.

Co., City Printers and Stationers.

83565

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
DEC 4 1885
BALTIMORE, MD

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4th
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	Negro
3. *Date of Birth*	December 1885
4. *Place of Birth, (Street and Number)*	25 Hillen St.
5. *Full Name of Mother,*	Judy A Collyer
6. *Mother's Maiden Name,*	" " Jefferson
7. *Mother's Birthplace,*	
8. *Full Name of Father,*	James R Collyer
9. *Father's Occupation,*	Carpenter
10. *Father's Birthplace,*	Va.
Name of Medical Attendant, or other Person who makes this Return.	D. Streett, MD
Address,	148 N. Eutaw St.
Remarks,	

..., City Printers and Stationers.

RETURN OF A BIRTH. 83566

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth December 2nd

4. Place of Birth, (Street and Number) No 126 Granby st

5. Full Name of Mother, Lizzie Beth Brown

6. Mother's Maiden Name, " " Gayden

7. Mother's Birthplace, Balto.

8. Full Name of Father, John Brown

9. Father's Occupation, Carriage

10. Father's Birthplace, Balt.

Name of Medical Attendant, or other Person who makes this Return. Sophia Simon

Address, No 11 Granby st

Remarks,

HEALTH DEPARTMENT, DEC 5 1885, BALTIMORE, MD.

for each offence to be recovered as other fines and forfeitures are recoverable.

A Co., City Printers and Stationers.

RETURN OF A BIRTH. 83567

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) Male Female

2. Race or Color, (if not of the white race) White

3. Date of Birth 2 of December 1885

4. Place of Birth, (Street and Number) 264 Central Ave

5. Full Name of Mother, Minna Barnhorn

6. Mother's Maiden Name, Minna Albrecht

7. Mother's Birthplace, Germany

8. Full Name of Father, Henry Barnhorn

9. Father's Occupation, Cigar Manufacturer

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return. Miss Celestina Sauer

Address, 113 Harford Ave

Remarks, 1885

HEALTH DEPARTMENT DEC 5 1885 BALTIMORE, MD.

Co., City Printers and Stationers.

RETURN OF A BIRTH.

83568

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3 d

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth 2 of December 1885

4. Place of Birth, (Street and Number) No 299 Forrest St

5. Full Name of Mother, Susie Maguire

6. Mother's Maiden Name, Susie O'Neill

7. Mother's Birthplace, Baltimore County

8. Full Name of Father, Edward Maguire

9. Father's Occupation, Laborer at the Gas Co

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs C Christina Sauer

Address, 173 Bedford Ave

Remarks, 1885.

HEALTH DEPARTMENT DEC 5 1885 BALTIMORE MD

...City Printers and Stationers.

RETURN OF A BIRTH

83569

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1st -
2. *Sex, (state whether male or female)* male -
3. *Race or Color, (if not of the white race)* white -
4. *Date of Birth,* Dec - 2d / 85 -
5. *Place of Birth, (Street and Number)* 221 Madison Avenue -
6. *Full Name of Mother,* Marie Blanche Benzinger.
7. *Mother's Maiden Name,* Farrell.
8. *Mother's Birthplace,* New York -
9. *Full Name of Father,* Harry M. Benzinger -
10. *Father's Occupation,* Lawyer.
11. *Father's Birthplace,* Balto. Md -

Name of Medical Attendant, or other Person who makes this Return. R. Ho. Goldsmith - M.D.

Address, Madison av. & Eutaw St -

Remarks,

HEALTH DEPARTMENT
DEC 12 1885
BALTIMORE MD

...ity Printers and Stationers.

RETURN OF A BIRTH

83570

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, DEC 21 1885 BALTIMORE MD

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	
3. Date of Birth,	3rd of Dec 1885
4. Place of Birth, (Street and Number)	14 Albemarle St.
5. Full Name of Mother,	Justina Wall
6. Mother's Maiden Name,	Wernicke
7. Mother's Birthplace,	Europe
8. Full Name of Father,	Conrad Wall
9. Father's Occupation,	Tailor
10. Father's Birthplace,	Europe
Name of Medical Attendant, or other Person who makes this Return.	Sarah Easter
Address,	72 E. Lombard
Remarks,	

City Printers and Stationers.

83571

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Boy

2. Race or Color, (if not of the white race)

3. Date of Birth, den 3ten December

4. Place of Birth, (Street and Number) Binny Street Nro 34 Canton Baltimore Md.

5. Full Name of Mother, Chatharina Marie Junghans

6. Mother's Maiden Name, geb. Schmidt

7. Mother's Birthplace, Niederdüngebach bi Eschwege Hessen Germanien

8. Full Name of Father, Christoph Rudolf Junghans

9. Father's Occupation, Joyner

10. Father's Birthplace, Vockenrode Kreis Eschwege Amt Apterode Hessen Germanien

Name of Medical Attendant, or other Person who makes this Return. Christine Mahler Midwife

Address, South Ann Street Nro 286 fells point

Remarks,

HEALTH DEPARTMENT DEC 6 1885 BALTIMORE, MD

Printers and Stationers.

NOTICE

The succeeding document was received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

RETURN OF A BIRTH.

83572

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
DEC 7 1885
BALTIMORE MD

No. of Child of Mother (state whether 1st, 2d, 3d, &c)	1
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	December 5. 85
4. Place of Birth (Street and Number)	89. Battery ave
5. Full Name of Mother	Susie Hurley
6. Mother's Maiden Name	Susie Linthicum
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Andrew J. Hurley
9. Father's Occupation	Sailor
10. Father's Birthplace	Rochester, Co
Name of Medical Attendant, or other Person who makes this Return.	Mrs Ann Nash
Address	
Remarks	

RETURN OF A BIRTH

83573

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether ~~1st, 2d,~~ 3d, &c.) Third (3rd)

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, December 3rd, 1885

4. Place of Birth, (Street and Number) No. 88 North Broadway

5. Full Name of Mother, Mrs. Julia Reisinger

6. Mother's Maiden Name, Miss Julia Dietrich

7. Mother's Birthplace, Baltimore, Maryland

8. Full Name of Father, Mr. Frederick Philip Reesinger

9. Father's Occupation, Confectioner

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return. Wm. H. Clendinen M. D.

Address, No. 102 North Broadway

Remarks,

HEALTH DEPARTMENT
DEC 7 1885
BALTIMORE MD

for each offence to be recovered as other fines are recovered.

, City Printers and Stationers.

NOTICE

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Every effort was made to assure legibility and completeness.

13574

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, DEC 7 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. *Sex, (state whether male or female)* Femeal
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Dec 3d
4. *Place of Birth, (Street and Number)* 386 Greenmount av
5. *Full Name of Mother,* Rose. G. Salisbury
6. *Mother's Maiden Name,* Rose G Harrigan
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Charles S. Salisbury
9. *Father's Occupation,* Policeman
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return Mrs Wooden

Address, 120 Greenmount Av

Remarks,

any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

INTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5 child

1. Sex, (state whether male or female) female child

2. Race or Color, (if not of the white race) White

3. Date of Birth, 3 d December

4. Place of Birth, (Street and Number) 111 Cochrey st Locust pt

5. Full Name of Mother, Louisa Kaman

6. Mother's Maiden Name, Louisa Dingle

7. Mother's Birthplace, Baltimore

8. Full Name of Father, William Kaman

9. Father's Occupation, ~~Baltimore~~ Laborer

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Lizzie Schaffer

Address, Hall Street Locust Point

Remarks,

HEALTH DEPARTMENT, DEC 7 1885 BALTIMORE, MD.

to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

PRINTERS AND STATIONERS.

RETURN OF A BIRTH

8357b

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

. of [redacted]d of Mother. (state whether 1st, 2d, 3d, &c.)	Second
Sex, (state whether male or female)	female
Race or Color, (if not of the white race)	White
Date of Birth,	Dec. 3d 1885
Place of Birth, (Street and Number)	87 N Eutaw Street
Full Name of Mother,	Bettie Fleishman
Mother's Maiden Name,	Baltimore Md
Mother's Birthplace,	Baltimore
Full Name of Father,	Julius Fleishman
Father's Occupation,	Clerk
Fath[redacted]s Birthplace,	Virginia
Name of Medical Attendant, or other Person who makes this Return	A Friedenwald
Address,	88 N Eutaw Street
Remarks,	Baltimore

HEALTH DEPARTMENT, DEC 8 1885 BALTIMORE, MD.

[redacted]RS AND STATIONERS

NOTICE

The succeeding document was received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

RETURN OF A BIRTH.

83577

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 8th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth December 3rd 1883.
4. Place of Birth, (Street and Number) No 338 Charles st.
5. Full Name of Mother, Unice W. Wright
6. Mother's Maiden Name, Unice W. Bell
7. Mother's Birthplace, Baltimore
8. Full Name of Father, John Wright
9. Father's Occupation, Laborer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. Catherine Horning

Address, No 18 Byrd st.

Remarks,

HEALTH DEPARTMENT
DEC 8 1883
BALTIMORE, MD.

be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

rphy & Co., City Printers and Stationers.

RETURN OF A BIRTH.

83578

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT, DEC 8 1885 BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2d

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth Decb. 3d 85

4. Place of Birth (Street and Number) 298 W Fayette St

5. Full Name of Mother Leah

6. Mother's Maiden Name Kleingenstein

7. Mother's Birthplace New York

8. Full Name of Father Louis Kohn

9. Father's Occupation Merch

10. Father's Birthplace Balto.

Name of Medical Attendant, or other Person who makes this Return. D Richardson MD

Address 258 Madison Ave.

Remarks

RETURN OF A BIRTH

83579

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Female No 11 the child

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* December 3d

4. *Place of Birth, (Street and Number)* 73 Jarrett ave

5. *Full Name of Mother,* Harriet A. Brown

6. *Mother's Maiden Name,* Harriet A West

7. *Mother's Birthplace,* Baltimore

8. *Full Name of Father,* Thomas H. Brown

9. *Father's Occupation,* Boatman

10. *Father's Birthplace,* Balt

Name of Medical Attendant, or other Person who makes this Return. Mrs Ettel

Address, No 13 Cuba St

Remarks,

HEALTH DEPARTMENT, DEC 9 1885 BALTIMORE, MD.

City Printers and St...

13580

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, DEC 9 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) second child

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* 3d of December
4. *Place of Birth, (Street and Number)* 28 Hanson Ally
5. *Full Name of Mother,* Mary A. Taylor
6. *Mother's Maiden Name,* Mary A. Dobson
7. *Mother's Birthplace,* Bordly Island E. S. M. L
8. *Full Name of Father,* Isaac Taylor
9. *Father's Occupation,* Coal Dealer
10. *Father's Birthplace,* Baltimore Md.

Name of Medical Attendant, or other Person who makes this Return May Jane Richardson

Address, 212 Hover Street

Remarks, Mother and child doing well

to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

NTERS AND STATIONERS.

RETURN OF A BIRTH

13581

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT, DEC 10 1885 BALTIMORE MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

Sex, (state whether male or female) Male

Race or Color, (if not of the white race) White

Date of Birth, Dec 3d 1885

Place of Birth, (Street and Number) 45 Columbus Ave

Full Name of Mother, Theresa B. Schmidt

Mother's Maiden Name, Theresa Baker

Mother's Birthplace, Balto Co. Md.

Full Name of Father, Charles Schmidt

Father's Occupation, Druggist

Father's Birthplace, Balto City Md

Name of Medical Attendant, or other Person who makes this Return J Harvey Hull M.D.

Address, 127 Arlington Ave

Remarks,

CITY PRINTERS AND STATIONERS.

83582

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT, DEC 16 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Male

. Sex, (state whether male or female)

. Race or Color, (if not of the white race) White

. Date of Birth, De 3 1885

. Place of Birth, (Street and Number) 45 Peincelab Baltimore S T W D

. Full Name of Mother, Mary F. mcclery

. Mother's Maiden Name, Mary F. purcell

. Mother's Birthplace, Ireland

. Full Name of Father, George S mcclery

. Father's Occupation, Hostler

. Father's Birthplace, Orong co state of virgine

Name of Medical Attendant, or other Person who makes this Return Celest Cook

Address, Orchet Street

Remarks,

...CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

83582

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
DEC 4 1885
BALTIMORE MD

No. of Child of Mother, (state whether ~~1st, 2d~~, 3d, &c.) 3rd

Sex, (state whether male or female) Male

Race or Color, (if not of the white race) White

Date of Birth, Dec 3rd 1885

Place of Birth, (Street and Number) 510 Madison Ave

Full Name of Mother, E Benen Tough

Mother's Maiden Name, Elsie Benen

Mother's Birthplace, Baltimore

Full Name of Father, Littleton Tough

Father's Occupation, Com. Merchant

Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return C B Grandin M D

Address, 5 E Cathedral

Remarks,

CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

13184

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 7th

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth 30th December 1885

4. Place of Birth, (Street and Number) 171 E. Eager St

5. Full Name of Mother, Mary Leland

6. Mother's Maiden Name, Mary Phenaf

7. Mother's Birthplace, Ireland

8. Full Name of Father, Michael Leland

9. Father's Occupation, Gas Fitter

10. Father's Birthplace, Ireland

Name of Medical Attendant, or other Person who makes this Return. Mrs Christina Sauer

Address, 173 Harford Ave

Remarks, 1885

HEALTH DEPARTMENT
DEC 5 1885
BALTIMORE, MD.

for each offence to be recovered as other fines and forfeitures are recovered.

Co., City Printers and Stationers.

RETURN OF A BIRTH, 12585

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
DEC 7 1885
BALTIMORE, MD

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th

1. Sex (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth 9 o'clock PM Sunday Dec 4th 1885
4. Place of Birth, (Street and Number) 277 Dillon St
5. Full Name of Mother Anna Smoot
6. Mother's Maiden Name Anna Kirkwood
7. Mother's Birthplace Baltimore Md
8. Full Name of Father George Smoot
9. Father's Occupation Railway Engineer
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. J. E. Pritchard M D

Address 28 O'Donnell St

Remarks Head presentation natural labor one hour duration Very large child weight 16th. both mother & child are doing well. The mother has had twins three times

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

13586

HEALTH DEPARTMENT, DEC 8 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, Same december 4 1885

4. Place of Birth, (Street and Number) 508 Eyton Street

5. Full Name of Mother, Kate Jones

6. Mother's Maiden Name, Kate Ford

7. Mother's Birthplace, Same Saint marys County md

8. Full Name of Father, Benjamin Jones

9. Father's Occupation, Cook

10. Father's Birthplace, Same Saint marys County md

Name of Medical Attendant, or other Person who makes this Return. Sarah Jane Duvall

Address, 9 Jasper St

Remarks,

City Printers and Stationers.

83587

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT, DEC 8 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6 Chirldren
Sex, (state whether male or female)	~~3 g girl~~ female
Race or Color, (if not of the white race)	Colord
Date of Birth,	4 Edeth
Place of Birth, (Street and Number)	64 Davis Street
Full Name of Mother,	Josephine Harris
Mother's Maiden Name,	~~Canda West~~ Josphine Dargan
Mother's Birthplace,	Canda West
Full Name of Father,	George Harris
Father's Occupation,	Oyastres Spiker
Father's Birthplace,	Baltimore
Name of Medical Attendant, or other Person who makes this Return	Charty James
Address,	79 Grape aley
Remarks,	

..., CITY PRINTERS AND STATIONERS.

83588

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, DEC 9 1885 BALTIMORE CITY

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* 4th Day of December 1865
4. *Place of Birth, (Street and Number)* No. 144 West St
5. *Full Name of Mother,* Annie Caily
6. *Mother's Maiden Name,* Annie Lucey
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Patrick Caily
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Ireland

Name of Medical Attendant, or other Person who makes this Return. Sabina Grashaber

Address, No. 128 West St.

Remarks,

..., City Printers and Stationers.

83589

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* white race
3. *Date of Birth,* December the 4th
4. *Place of Birth, (Street and Number)* Baltimore Burch St No 5
5. *Full Name of Mother,* agustus allen
6. *Mother's Maiden Name,* lazer
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* joseph allen
9. *Father's Occupation,* labour
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Elizabeth Hathorn

Address, light St No 5-36

Remarks,

HEALTH DEPARTMENT DEC 4 1895 BALTIMORE, MD.

City Printers and Stationers.

RETURN OF A BIRTH

83590

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* female

2. *Race or Color, (if not of the white race)* white

3. *Date of Birth,* December 11th 1885

4. *Place of Birth, (Street and Number)* Baltimore Hanover

5. *Full Name of Mother,* Mary E Schulz

6. *Mother's Maiden Name,* Hubbard

7. *Mother's Birthplace,* Baltimore

8. *Full Name of Father,* Frederick M Schulz

9. *Father's Occupation,* police officer

10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Elizabeth Baltimore

Address, Light St 832

Remarks,

HEALTH DEPARTMENT
DEC 16 1885
BALTIMORE, MD.

...y Printers and Stationers.

NOTICE

The succeeding documents were received in the same condition and microfilmed as shown.

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RETURN OF A BIRTH

83591

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 4 Dec 1885
4. *Place of Birth, (Street and Number)* 36 E Lancaster
5. *Full Name of Mother,* Francis Sue
6. *Mother's Maiden Name,* Francis Rusa
7. *Mother's Birthplace,* Bohemia
8. *Full Name of Father,* Frank Sue
9. *Father's Occupation,* Tailor
10. *Father's Birthplace,* Bohemia

Name of Medical Attendant, or other Person who makes this Return. May Hopkins

Address, 69 N Washington St

Remarks,

HEALTH DEPARTMENT, DEC 1 1885 BALTIMORE, MD.

ty Printers and Stationers.

RETURN OF A BIRTH

8359 E

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, DEC 1 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 4 Dec 1885
4. *Place of Birth, (Street and Number)* 84 E Eager st
5. *Full Name of Mother,* Mary Borez
6. *Mother's Maiden Name,* Mary Levy
7. *Mother's Birthplace,* Bohemia
8. *Full Name of Father,* Jos Borez
9. *Father's Occupation,* Tailor
10. *Father's Birthplace,* Bohemia

Name of Medical Attendant, or other Person who makes this Return. Mary Kipfrist

Address, 69 N Washington st

Remarks,

ity Printers and Stationers.

RETURN OF A BIRTH

83193

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of child: Frank J. Staller

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* (~~Female~~) Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 4 Dec 1885
4. *Place of Birth, (Street and Number)* 14 S Mayor
5. *Full Name of Mother,* Mary Staller
6. *Mother's Maiden Name,* Mary (~~Fairmon~~) Fairmann
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Anton Staller
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Bohemia

Name of Medical Attendant, or other Person who makes this Return. Mary Kopfer

Address, 69 N Washington St

Remarks,

HEALTH DEPARTMENT, DEC 11 1885 BALTIMORE, MD.

ity Printers and Stationers.

RETURN OF A BIRTH

835794

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Dec 7 / 35

4. Place of Birth, (Street and Number) 125 N Wolf St

5. Full Name of Mother, Ana Davic

6. Mother's Maiden Name, Ana Elagar

7. Mother's Birthplace, Dolenica

8. Full Name of Father, Frank Davic

9. Father's Occupation, Tailor

10. Father's Birthplace, Bohemia

Name of Medical Attendant, or other Person who makes this Return. Mary Koptich

Address, 69 N Washington st

Remarks,

HEALTH DEPARTMENT, DEC 11 1935 BALTIMORE, MD.

...ity Printers and Stationers.

83595

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Dec 4th
4. *Place of Birth, (Street and Number)* 391 Franklin St
5. *Full Name of Mother,* Mrs. Ella O. Bodensick
6. *Mother's Maiden Name,* " " Lamb
7. *Mother's Birthplace,* Annapolis Md.
8. *Full Name of Father,* Wm A Bodensick
9. *Father's Occupation,* Messenger B & O. R.R.
10. *Father's Birthplace,* City

Name of Medical Attendant, or other Person who makes this Return. H. L. Hill M.D.

Address, 23 Edmondson ave

Remarks, Only six months of uterine life

HEALTH DEPARTMENT, DEC. 5 1885 BALTIMORE MD.

ty Printers and Stationers.

RETURN OF A BIRTH

8319 L

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, December 4th

4. Place of Birth, (Street and Number) # 16 Columbia Ave

HEALTH DEPARTMENT
DEC 5 1885
BALTIMORE, MD

5. Full Name of Mother, Julia Anna Guettler

6. Mother's Maiden Name, Julia Anna Gridt

7. Mother's Birthplace, Baltimore City

8. Full Name of Father, George Guettler

9. Father's Occupation, Tinner

10. Father's Birthplace, Georgetown D.C.

Name of Medical Attendant, or other Person who makes this Return. Mrs. Schleifer

Address, # 24 Columbia Ave

Remarks,

lty Printers and Stationers.

RETURN OF A BIRTH

13197

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d.

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Dec. 4. 1885.

4. Place of Birth, (Street and Number) 30 Pitcher

5. Full Name of Mother, Nellie Coleman

6. Mother's Maiden Name, Bannan

7. Mother's Birthplace, Balto. City

8. Full Name of Father, Chas. J. Coleman

9. Father's Occupation, Clerk

10. Father's Birthplace, Balto

Name of Medical Attendant, or other Person who makes this Return J. A. Chrisdon M.D.

Address, 506 Mad. Ave.

Remarks,

HEALTH DEPARTMENT DEC 15 1885 BALTIMORE MD

PERS AND STATIONERS.

RETURN OF A BIRTH

83598

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, DEC 12 1885 BALTIMORE MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d Child

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Dec 4th 1885

4. Place of Birth, (Street and Number) 436 Cross Street

5. Full Name of Mother, Augusta Thiele.

6. Mother's Maiden Name, Augusta Kinel

7. Mother's Birthplace, Hamburg Germany

8. Full Name of Father, Julius Thiele

9. Father's Occupation, Carpenter

10. Father's Birthplace, Eichen. Germany

Name of Medical Attendant, or other Person who makes this Return. Adolph Bange

Address, 426 Cross Street

Remarks,

City Printers and Stationers.

NOTICE

The succeeding document was received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

RETURN OF A BIRTH.

83199

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
DEC 7 1895
BALTIMORE, MD

No. of Child of Mother (state whether 1st, 2d, 3d, &c) 2

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* December 5
4. *Place of Birth (Street and Number)* 210 William St
5. *Full Name of Mother* Emma A Mattingley
6. *Mother's Maiden Name* Emma A Keets
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* William E Mattingley
9. *Father's Occupation* Salesman
10. *Mother's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs Emma Nash

Address

Remarks

83600

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th Child

1. *Sex, (state whether male or female)* Boy.
2. *Race or Color, (if not of the white race)* White.
3. *Date of Birth,* 5th of Decem[illegible] 1885
4. *Place of Birth, (Street and Number)* 398 Cor. Orlean and [illegible] st.
5. *Full Name of Mother,* Georgea Deetz
6. *Mother's Maiden Name,* Georgea Keller
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Fred Keller
9. *Father's Occupation,* Ligor dealer
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return. Crescintia Kunkel

Address, 71 North Chapel street per Justina Kunkel

Remarks, Healthy.

HEALTH DEPARTMENT
DEC 7 1885
BALTIMORE, MD.

ty Printers and Stationers.

83601

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT, DEC 8 1885 BALTIMORE, MD.

of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Third
ex, (st[illegible] whether male or female) Charles A.D.T. 4/14/20	Male
ace or Color, (if not of the white race)	White
ate of Birth,	Dec 5 85
lace of Birth, (Street and Number)	252 E Baltimore
ull Name of Mother,	Sarah ~~Schn~~ Schneeberger
other's Maiden Name,	" Nusbaum
other's Birthplace,	New York
ull Name of Father,	Henry W Schneeberger
ather's Occupation,	Minister
Father's Birthplace,	New York
Name of Medical Attendant, or other Person who makes this Return	A Friedenwald
Address,	88 N Eastern Av
Remarks,	

NU STATIONERS

83602

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, DEC 9 1885 BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* 5 of December 1885
4. *Place of Birth, (Street and Number)* No 105 West St
5. *Full Name of Mother,* Susama Reusing
6. *Mother's Maiden Name,* Susama Eich
7. *Mother's Birthplace,* Laufbach
8. *Full Name of Father,* John Reusing
9. *Father's Occupation,* B Shuemaker
10. *Father's Birthplace,* Bayern

Name of Medical Attendant, or other Person who makes this Return. Sabina Greshaber

Address, No 125 West St

Remarks,

.. City Printers and Stationers.

RETURN OF A BIRTH

83603

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of Child's Elizabeth Paar

HEALTH DEPARTMENT
DEC 9 1885
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. [redacted] (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth, Dec 5 1885

4. Place of Birth, (Street and Number) 25 Howard st.

5. Full Name of Mother, Alice Paar

6. Mother's Maiden Name, Williamson

7. Mother's Birthplace, America

8. Full Name of Father, Henry Paar

9. Father's Occupation, Shoemaker

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return. J Lohmeyer Midwife

Address, 330 Hanover st

Remarks,

Printers and stationers

RETURN OF A BIRTH.

83604

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, DEC 10 1885 BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth 5. December

4. Place of Birth, (Street and Number) 8 Caumet St

5. Full Name of Mother, Shana Hall

6. Mother's Maiden Name, Shana Nicolson

7. Mother's Birthplace, Russia

8. Full Name of Father, Moses Nicolson

9. Father's Occupation, Merchant

10. Father's Birthplace, Russia

Name of Medical Attendant, or other Person who makes this Return. Becca Justman

Address, 46 Caroline St.

Remarks,

City Printers and Stationers.

RETURN OF A BIRTH,

8360

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
DEC 10 1885
BALTIMORE MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th
1. Sex (state whether male or female)	Female
2. Race or Color, (if not of the white race)	White
3. Date of Birth	Nov Dec 5th 1885
4. Place of Birth, (Street and Number)	No 19 Bantaloe St
5. Full Name of Mother	Anna Heiland
6. Mother's Maiden Name	Anna Lehr
7. Mother's Birthplace	Baltimore Md.
8. Full Name of Father	August Heiland
9. Father's Occupation	Laborer
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Catherine Doll
Address	No 57 Bantaloe St
Remarks	

RETURN OF A BIRTH

83606

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 tes Child

1. Sex, (state whether male ~~or female~~)

2. Race or Color, (if not of the white race) White

3. Date of Birth, Dezember the 5, 1885

4. Place of Birth, (Street and Number) N. Gay St. N° 364.

5. Full Name of Mother, Emilie Fink

6. Mother's Maiden Name, Emilie Einolz

7. Mother's Birthplace, Biedenkopf, Gr. Hessen, Germany

8. Full Name of Father, Heinrich Fink

9. Father's Occupation, Tavern Keeper

10. Father's Birthplace, Leusel, Gr. Hessen, Germany

Name of Medical Attendant, or other Person who makes this Return, Mary E. Miller

Address, N. Dallas St. N° 26

Remarks,

HEALTH DEPARTMENT
DEC 10 1885
BALTIMORE, MD.

...ty Printers and Stationers.

RETURN OF A BIRTH

8360

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d Child

1. Sex, (state whether ~~male or~~ female)

2. Race or Color, (if not of the white race) White

3. Date of Birth, December the 5. 1885

4. Place of Birth, (Street and Number) N. Dallas St. No 35

5. Full Name of Mother, Emma Willich

6. Mother's Maiden Name, Emma Hermann

7. Mother's Birthplace, Balto City

8. Full Name of Father, Jacob Willich

9. Father's Occupation, Tinner Trainer

10. Father's Birthplace, Balto City

Name of Medical Attendant, or other Person who makes this Return, Mary E. Miller

Address, N. Dallas St. No 26

Remarks,

HEALTH DEPARTMENT
DEC 10 1885
BALTIMORE, MD.

y Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3d ch.
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Dec. 5th. 1885.
4. *Place of Birth, (Street and Number)*	36 Walsh St.
5. *Full Name of Mother,*	Henrietta Linker
6. *Mother's Maiden Name,*	Melking
7. *Mother's Birthplace,*	Balto. Co.
8. *Full Name of Father,*	Frank Linker
9. *Father's Occupation,*	Furniture Mover
10. *Father's Birthplace,*	Balto City
Name of Medical Attendant, or other Person who makes this Return	J. H. Chrichton M.D.
Address,	506. Mad. Ave.
Remarks,	

HEALTH DEPARTMENT
DEC 15 1885
BALTIMORE MD

...RS AND STATIONERS.

RETURN OF A BIRTH

23609

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 6 Dec 1885
4. Place of Birth, (Street and Number) 32 d Caroline
5. Full Name of Mother, Annie Zelenka
6. Mother's Maiden Name, Annie Hadechek
7. Mother's Birthplace, Bohemia
8. Full Name of Father, Johan Zelenka
9. Father's Occupation, Laborer
10. Father's Birthplace, Bohemia

Name of Medical Attendant, or other Person who makes this Return. Mary K. Peter

Address, 624 Washington Av

Remarks,

HEALTH DEPARTMENT
DEC 11 1885
BALTIMORE, MD.

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

o., City Printers and Stationers.

83610

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 5 Dec 1885
4. *Place of Birth, (Street and Number)* 274 N Ann St
5. *Full Name of Mother,* Barbara Yarochek
6. *Mother's Maiden Name,* Barbara Cherska
7. *Mother's Birthplace,* Bohema
8. *Full Name of Father,* Jan Yarochek
9. *Father's Occupation,* Tailor
10. *Father's Birthplace,* Bohema

Name of Medical Attendant, or other Person who makes this Return. Mary Koptish

Address, 67 N Washington St

Remarks,

HEALTH DEPARTMENT, DEC 11 1885 BALTIMORE, MD.

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

Co., City Printers and Stationers.

RETURN OF A BIRTH

83611

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 6 Dec 35
4. *Place of Birth, (Street and Number)* 48 N Durham St
5. *Full Name of Mother,* Barbara Mitnoz
6. *Mother's Maiden Name,* Bartan Patera
7. *Mother's Birthplace,* Batavia
8. *Full Name of Father,* Jos Mitnoz
9. *Father's Occupation,* Tailor
10. *Father's Birthplace,* Batavia

Name of Medical Attendant, or other Person who makes this Return. Mayhofer

Address, 611 Washington St

Remarks,

HEALTH DEPARTMENT
DEC 1 35
BALTIMORE, MD.

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

Co., City Printers and Stationers.

RETURN OF A BIRTH

8361 2

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 5 Dec / 85
4. *Place of Birth, (Street and Number)* 260 N Durham st
5. *Full Name of Mother,* Ann Hirt
6. *Mother's Maiden Name,* Ann Mizlak
7. *Mother's Birthplace,* Bohemia
8. *Full Name of Father,* Frank Hirt
9. *Father's Occupation,* Shoemaker
10. *Father's Birthplace,* Bohemia

Name of Medical Attendant, or other Person who makes this Return. Mary Hofstetter

Address, 67 N Washington St

Remarks,

HEALTH DEPARTMENT
DEC 1
BALTIMORE MD

for each offence to be recovered as other fines and forfeitures are recoverable.

., City Printers and Stationers.

83613

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
DEC 12 1885
BALTIMORE MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Dec 5th 1885
4. *Place of Birth, (Street and Number)* 219 Hopkins Ave
5. *Full Name of Mother,* Sallie F. Warren
6. *Mother's Maiden Name,* " " Jarvis
7. *Mother's Birthplace,* Va
8. *Full Name of Father,* E. F. Warren
9. *Father's Occupation,* Salesman
10. *Father's Birthplace,* Va

Name of Medical Attendant, or other Person who makes this Return. Wheedon Cooke M.D.

Address, 146 Hanover St

Remarks,

...or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

...o., City Printers and Stationers.

83614

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, DEC 13 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 Child

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Dec 5th 1885
4. Place of Birth, (Street and Number) 43 Durham St
5. Full Name of Mother, Labina Wiedeman
6. Mother's Maiden Name, Schmitt
7. Mother's Birthplace, Peinten and Barger
8. Full Name of Father, Philipp Wiedeman
9. Father's Occupation, Labora
10. Father's Birthplace, Bayern

Name of Medical Attendant, or other Person who makes this Return. Mis Wiley

Address, No 12 Patterson Park av

Remarks,

for each offense to be recovered as other fines and forfeitures are recoverable.

City Printers and Stationers.

RETURN OF A BIRTH

83615

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT,
DEC 13 1895
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) colored

3. Date of Birth, December 5th 1895

4. Place of Birth, (Street and Number) #211 Washington Ave.

5. Full Name of Mother, Christina Faber

6. Mother's Maiden Name, " Waechter

7. Mother's Birthplace, Germany

8. Full Name of Father, Jacob Faber

9. Father's Occupation, Stevedore

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return. Ellis Wiley

Address, No 12 Patterson Park Ave

Remarks,

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

o., City Printers and Stationers.

RETURN OF A BIRTH.

8616

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) December 5th child

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) white race
3. Date of Birth December 5 1855
4. Place of Birth, (Street and Number) 12 N. Amity
5. Full Name of Mother, Catherine Smith
6. Mother's Maiden Name, Catherine Burk
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Walter Smith
9. Father's Occupation, Laborer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. Susan Hunter

Address, 21 No Poppleton St

Remarks,

HEALTH DEPARTMENT DEC 12 1855 BALTIMORE, MD.

for each offence to be recovered as other fines and forfeitures are recoverable.

Co., City Printers and Stationers.

RETURN OF A BIRTH

8361

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT, DEC 7 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex, (state whether male or female)* Femal
2. *Race or Color, (if not of the white race)* Colard
3. *Date of Birth,* Dece 6 Son 3 Clock
4. *Place of Birth, (Street and Number)* Bruce St No 98
5. *Full Name of Mother,* Louisa Brown
6. *Mother's Maiden Name,* ~~Howard~~
7. *Mother's Birthplace,* howard Co
8. *Full Name of Father,* John brown
9. *Father's Occupation,* Driver
10. *Father's Birthplace,* Oaks tuckon

Name of Medical Attendant, or other Person who makes this Return. Elise Gipson

Address, 109 ~~Bartlett~~ Bruce St

Remarks,

NTER & STATIONER, BALT.

83618

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Balto Dec 7th 1885

HEALTH DEPARTMENT, DEC 8 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 12th

1. *Sex, (state whether male or female)* Female.
2. *Race or Color, (if not of the white race)* White.
3. *Date of Birth,* Balto Dec 6th 1885.
4. *Place of Birth, (Street and Number)* 267 S. Bond St.
5. *Full Name of Mother,* Mary Zeller.
6. *Mother's Maiden Name,* Mary Bensels
7. *Mother's Birthplace,* America.
8. *Full Name of Father,* Andrew Zeller.
9. *Father's Occupation,* Cigar - Manufacturer
10. *Father's Birthplace,* America.

Name of Medical Attendant, or other Person who makes this Return. Mrs. Mary Amends

Address, 137 South Wolfe St.

Remarks, [illegible]

for each offense to be recovered as other fines and forfeitures are recoverable.

City Printers and Stationers.

RETURN OF A BIRTH

83619

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Sixth
Sex, (state whether male or female)	Male
Race or Color, (if not of the white race)	White
Date of Birth,	Dec 6 85
Place of Birth, (Street and Number)	48 Pearl Street
Full Name of Mother,	Kate ~~Helen~~ Herman
Mother's Maiden Name,	? Heller
Mother's Birthplace,	Baltimore
Full Name of Father,	Levi Herman
Father's Occupation,	Salesman
Father's Birthplace,	Baltimore
Name of Medical Attendant, or other Person who makes this Return	A Friedenwald MD
Address,	88 N Eutaw St
Remarks,	

ERS AND STATIONERS

83620

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT, DEC 9 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Seventh

. Sex (state whether male or female) Male

. Race or Color (if not of the white race) Colored

. Date of Birth ~~Baltimore~~ 6 7 December

. Place of Birth (Street and Number) Baltimore 68 Welcome alley

. Full Name of Mother Annie Ringgold

. Mother's Maiden Name Annie Smith

. Mother's Birthplace Baltimore

. Full Name of Father Stephen Ringgold

. Father's Occupation Mattress Maker

. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Fannie Grumby

Address 69 Leadenhall St

Remarks Well as Expected.

13621

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, DEC 9 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Collaco
3. *Date of Birth,* Dec 6 1885
4. *Place of Birth, (Street and Number)* No 10 Bowers Court
5. *Full Name of Mother,* Ellen Hopkins
6. *Mother's Maiden Name,* Ellen Manning
7. *Mother's Birthplace,* Baltimore Md
8. *Full Name of Father,* Samuel Manning
9. *Father's Occupation,* Labor
10. *Father's Birthplace,* Acmark Co Va

Name of Medical Attendant, or other Person who makes this Return Charlott Prato

Address, 11 Collier St

Remarks, mid-wife

any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

INTERS AND STATIONERS.

NOTICE

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Every effort was made to assure legibility and completeness.

83622

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth* born December 6 1885
4. *Place of Birth, (Street and Number)* 805 Parrish alley
5. *Full Name of Mother,* Sarah Jones
6. *Mother's Maiden Name,* Sarah Pratt
7. *Mother's Birthplace,* Epsen County Va
8. *Full Name of Father,* Howard County Hawkins
9. *Father's Occupation,* waiter
10. *Father's Birthplace,* Lancaster County

Name of Medical Attendant, or other Person who makes this Return. Mary C Jones

Address,

Remarks,

HEALTH DEPARTMENT, DEC 11 1885 BALTIMORE, MD.

for each offence to be recovered as other fines and forfeitures are recoverable.

Co., City Printers and Stationers.

8362 3

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
DEC 15 1885
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Third

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth 6th of December 1885

4. Place of Birth, (Street and Number) 169 Penna Avenue

5. Full Name of Mother, Mrs. Margaret Dillon

6. Mother's Maiden Name, Margaret Johnson

7. Mother's Birthplace, Liverpool England

8. Full Name of Father, Edward J Dillon

9. Father's Occupation, Driver

10. Father's Birthplace, Baltimore U S America

Name of Medical Attendant, or other Person who makes this Return. Susan Hunter

Address, 21 No Poppleton St

Remarks,

for each omission to be recovered as other fines and forfeitures are recoverable.

Co., City Printers and Stationers.

83624

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT, DEC 16 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex, (state whether male or female)* Feamail
2. *Race or Color, (if not of the white race)* Colard
3. *Date of Birth,* bornd on the 6. of December
4. *Place of Birth, (Street and Number)* 4 C. Morses aley
5. *Full Name of Mother,* ~~[illegible]~~
6. *Mother's Maiden Name,* Kate harrid
7. *Mother's Birthplace,* prinsgorge is County
8. *Full Name of Father,* Frisber Coxon
9. *Father's Occupation,* work in liver
10. *Father's Birthplace,* Easton shor Md.

Name of Medical Attendant, or other Person who makes this Return Secle Cook aruch St

Address,

Remarks,

CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

13625

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
DEC 9 1885
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 Child

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth, Dec 7 1885

4. Place of Birth, (Street and Number) 130 Hanover st

5. Full Name of Mother, Matilde Radowska

6. Mother's Maiden Name, Kreiter

7. Mother's Birthplace, America

8. Full Name of Father, Robert Radowska

9. Father's Occupation, Piano maker

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return. J. Lehmayer Midwife

Address, 330 Hanover st

Remarks,

Printers and Stationers

RETURN OF A BIRTH

1362 L

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
DEC 9 1885
BALTIMORE MD.

No. of Child of Mother, (*state whether* 1*st*, 2*d*, 3*d*, &*c.*) Third Child.

Sex, (*state whether male or female*) Male.

Race or Color, (*if not of the white race*) White

Date of Birth, Monday December 7th, 1885.

Place of Birth, (*Street and Number*) 507 W. Lombard St.

Full Name of Mother, Annie Lehmann.

Mother's Maiden Name,

Mother's Birthplace, Baltimore Md.

Full Name of Father, John Charles Lehmann.

Father's Occupation, Insurance Agent

Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other Person who makes this Return L. L. L. Gorgas, M.D.

Address, Office: 268½ W. Fayette St. Residence: 259 N. Eutaw St.

Remarks,

AND STATIONERS

RETURN OF A BIRTH

8367

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d. Child

1. Sex, (state whether male ~~or female~~)

2. Race or Color, (if not of the white race) White

3. Date of Birth, December the 7 1885

4. Place of Birth, (Street and Number) Orleans St. N° 388.

5. Full Name of Mother, Francisca Rosh

6. Mother's Maiden Name, Francisca Schreiber

7. Mother's Birthplace, Balt° City

8. Full Name of Father, John H. Rosh

9. Father's Occupation, Butcher

10. Father's Birthplace, Balt° City

Name of Medical Attendant, or other Person who makes this Return. Mary E. Miller

Address, N. Dallas St. N° 26

Remarks,

HEALTH DEPARTMENT
DEC 10 1885
BALTIMORE, MD.

, City Printers and Stationers.

83628

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, DEC 10 1885 BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3d.

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* 7 of December 1885.
4. *Place of Birth, (Street and Number)* 38 Bridden St.
5. *Full Name of Mother,* Mary Rheem
6. *Mother's Maiden Name,* Mary Gul
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Lee C ~~Rheem~~ Rheem
9. *Father's Occupation,* Labor on the Railroad
10. *Father's Birthplace,* Grace Han Mary and

Name of Medical Attendant, or other Person who makes this Return. Mrs Christina Sauer

Address, 113 Harford Ave.

Remarks, 1885.

for each offence to be recovered as other fines and forfeitures are recoverable.

Co., City Printers and Stationers.

RETURN OF A BIRTH

13629

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
DEC 15 1885
BALTIMORE MD

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

Sex, (state whether male or female) Male

Race or Color, (if not of the white race) negro

Date of Birth, Dec 7th

Place of Birth, (Street and Number) No 13. Colton St

Full Name of Mother, Eliza Lecato

Mother's Maiden Name, Eliza Broom

Mother's Birthplace, Baltimore

Full Name of Father, Oyster Lecato

Father's Occupation, Same Lecato

Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Dr. Milly Blake

Address, 53. Colton St

Remarks, Lung Spasms Died 6 days old

CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

83630

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, 7 Dec 1885

4. Place of Birth, (Street and Number) S.W. Cor of Castle & Hoffman Sts

5. Full Name of Mother, Anne Forst

6. Mother's Maiden Name, Anne Bandura

7. Mother's Birthplace, America

8. Full Name of Father, Jacob Forst

9. Father's Occupation, Tailor

10. Father's Birthplace, Prussia

Name of Medical Attendant, or other Person who makes this Return. Mary Hospital

Address, 69 N Washington Ave

Remarks,

HEALTH DEPARTMENT
DEC 1 1885
BALTIMORE MD

City Printers and Stationers.

NOTICE

The succeeding document was received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

83631

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 7 Dec 1885
4. *Place of Birth, (Street and Number)* 84 E Orleans St
5. *Full Name of Mother,* Francis Novotney
6. *Mother's Maiden Name,* Francis Dean
7. *Mother's Birthplace,* Bohemia
8. *Full Name of Father,* Tailor
9. *Father's Occupation,* Millian Novotney
10. *Father's Birthplace,* Bohemia

Name of Medical Attendant, or other Person who makes this Return. [illegible]

Address, E 911 Washington St

Remarks,

HEALTH DEPARTMENT, DEC 1 [illegible] 85 BALTIMORE, MD.

City Printers and Stationers.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
DEC 1
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Dec 7th 1894
4. Place of Birth (Street and Number)	S Ann st 106
5. Full Name of Mother	Mary C Murry
6. Mother's Maiden Name	Marshall
7. Mother's Birthplace	Be Md
8. Full Name of Father	Elijah Murry
9. Father's Occupation	Engineer
10. Father's Birthplace	Be Md
Name of Medical Attendant, or other Person who makes this Return.	Md Davenport
Address	S & S Ann st
Remarks	Baby premature & Weak Mother & Well & Person

83633

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 Child

Sex, (state whether male or female) [illegible]

2. Race or Color, (if not of the white race) White

3. Date of Birth, Geboren den 7ten [illegible]

4. Place of Birth, (Street and Number) No 297 Eastern Av

5. Full Name of Mother, Sophie Zeller

6. Mother's Maiden Name, Sophie Betz

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Charles Zeller

9. Father's Occupation, Labor

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return, Friederike Kaufmann

Address, No 194 Eastern Av

Remarks, Hebamme

HEALTH DEPARTMENT, DEC 12 1885 BALTIMORE, MD.

City Printers and Stationers.

83634

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, DEC 12 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

Sex, (state whether male or female) Female

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* Dec 7th 1885 ~~103~~ Sharp St.

4. *Place of Birth, (Street and Number)* 103 Sharp St.

5. *Full Name of Mother,* Margaret Fersch

6. *Mother's Maiden Name,* " , Matthews

7. *Mother's Birthplace,* Baltimore

8. *Full Name of Father,* August Fersch

9. *Father's Occupation,* Queensware Dealer

10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Theodore Cooke M.D.

Address, 146 Hanover St. Bldg

Remarks,

for each offence to be recovered as other fines and forfeitures are recoverable.

, City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
DEC 17 1885
BALTIMORE MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second Child

1. Sex, (state whether male or female) Boy

2. Race or Color, (if not of the white race) White

3. Date of Birth, Born 7th of December 1885

4. Place of Birth, (Street and Number) No. 100 Frederick Ave

5. Full Name of Mother, Mrs. Echert

6. Mother's Maiden Name, Miss. Kate Schepler

7. Mother's Birthplace, Born Baltimore Md.

8. Full Name of Father, Mr. Fred Echert

9. Father's Occupation, Laborer

10. Father's Birthplace, Born Wirtberg Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs. Keiser

Address, 1017 west Pratt st city

Remarks,

City Printers and Stationers.

83636

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, DEC 12 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 1 Dec 7th 1885
4. *Place of Birth, (Street and Number)* 211 N Carey St
5. *Full Name of Mother,* Pauline E Curle
6. *Mother's Maiden Name,* " " Gause
7. *Mother's Birthplace,* Georgia
8. *Full Name of Father,* Jno S Curle
9. *Father's Occupation,* Salesman
10. *Father's Birthplace,* Va "

Name of Medical Attendant, or other Person who makes this Return. Theodore Cooke M.D.

Address, 146 Hanover St p. 233

Remarks,

for each offence to be recovered as other fines and forfeitures are recoverable.

, City Printers and Stationers.

RETURN OF A BIRTH.

8363

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 14

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth Dec. 8th "

4. Place of Birth, (Street and Number) No 163 Pratt st

5. Full Name of Mother, Mary Gresham

6. Mother's Maiden Name, " " Hitt

7. Mother's Birthplace, Balto.

8. Full Name of Father, James E. Gresham

9. Father's Occupation, Inspector of Stone

10. Father's Birthplace, Balto

Name of Medical Attendant, or other Person who makes this Return. Sophia Lieman

Address, No 70 Granby st

Remarks,

HEALTH DEPARTMENT DEC 11 1867 BALTIMORE, MD

...o. City Printers and Stationers.

NOTICE

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RETURN OF A BIRTH.

83638

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
DEC 11 1885
BALTIMORE MD

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth* born December 8 1885
4. *Place of Birth, (Street and Number)* 121 Dorchester Street
5. *Full Name of Mother,* Annie Webster
6. *Mother's Maiden Name,* Annie Jones
7. *Mother's Birthplace,* Fauquier County Virginia
8. *Full Name of Father,* Harry Bass
9. *Father's Occupation,* Coal Driver
10. *Father's Birthplace,* Fauquier County Virginia

Name of Medical Attendant, or other Person who makes this Return. Mary E Jones

Address,

Remarks,

Co., City Printers and Stationers.

RETURN OF A BIRTH

8369

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3ter Child

1. Sex, (state whether male ~~or female~~)

2. Race or Color, (if not of the white race) White

3. Date of Birth, December the 8, 1885

4. Place of Birth, (Street and Number) S. Bond St. No 252

5. Full Name of Mother, Margaretha Diddmann

6. Mother's Maiden Name, Margaretha Jersuheid

7. Mother's Birthplace, Balto City

8. Full Name of Father, Gustav Diddmann

9. Father's Occupation, Laborer

10. Father's Birthplace, Balto City

Name of Medical Attendant, or other Person who makes this Return, Mary E. Miller

Address, N. Dallas St. No 26

Remarks,

HEALTH DEPARTMENT
DEC 10 1885
BALTIMORE, MD.

City Printers and Stationers.

RETURN OF A BIRTH

83646

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, DEC 9 1885 BALTIMORE, MD

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d child.

Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth, Dec 3

4. Place of Birth, (Street and Number) 396 N Charles

5. Full Name of Mother, Katy Schneider

6. Mother's Maiden Name, Bohrman

7. Mother's Birthplace, America

8. Full Name of Father, John Schneider

9. Father's Occupation, Cutter

10. Father's Birthplace, America

Name of Medical Attendant, or other Person who makes this Return. J. Schwaner Midwife

Address, 330 Hanover st

Remarks,

Printers and Stationers

RETURN OF A BIRTH

53641

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, DEC 1 1925 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, 8 Dec 1925

4. Place of Birth, (Street and Number) 274 S Caroline st

5. Full Name of Mother, Francis Prokrist

6. Mother's Maiden Name, Francis Prokrist

7. Mother's Birthplace, Athens

8. Full Name of Father, James Prokrist

9. Father's Occupation, Tailor

10. Father's Birthplace, Athens

Name of Medical Attendant, or other Person who makes this Return. Mary Kokotsis

Address, 654 Washington st

Remarks,

City Printers and Stationers.

RETURN OF A BIRTH

83642

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
DEC 15 1885
BALTIMORE MD

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	
Sex, (state whether male or female)	Male
Race or Color, (if not of the white race)	Colored
Date of Birth,	December 11th 1885.
Place of Birth, (Street and Number)	51 Offord st
Full Name of Mother,	Mary Morgan.
Mother's Maiden Name,	Mary Dodd.
Mother's Birthplace,	Baltimore
Full Name of Father,	Wilam Dodd
Father's Occupation,	Waiter
Father's Birthplace,	Easternshore
Name of Medical Attendant, or other Person who makes this Return	Lucy Cornish
Address,	13 Forden Alley Balto md
Remarks,	

AND STATIONERS

RETURN OF A BIRTH

13643

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	~~Female~~ 1
Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	8th December
4. Place of Birth, (Street and Number)	27 N Rhoe Street
5. Full Name of Mother,	Sara Bayline
6. Mother's Maiden Name,	Sara Hoer
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	Frank Bayline
9. Father's Occupation,	Lator
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Mrs E Gray
Address,	193 South Chester St.
Remarks.	Healthy Child.

HEALTH DEPARTMENT DEC 16 1885 BALTIMORE MD

for each offense to be recovered as other fines and forfeitures are recoverable.

City Printers and Stationers

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The succeeding document was received in the same condition and microfilmed as shown.

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RETURN OF A BIRTH,

fice of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
DEC 17 1885
BALTIMORE MD

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male or female)

not of the white race)

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Name

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ttendant, or other Person who makes this Return.

RETURN OF A BIRTH.

8 2645

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
DEC 18 1885
BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th.

1. *Sex (state whether Male or Female)* Male

2. *Race or Color (if not of the white race)* Negro

3. *Date of Birth* Dec. 8th '85.

4. *Place of Birth (Street and Number)* 110 N. Marys St.

5. *Full Name of Mother* Clemintina Taylor

6. *Mother's Maiden Name* " Sprigdale

7. *Mother's Birthplace* Annapolis

8. *Full Name of Father* J. A. Taylor

9. *Father's Occupation* Coachman

10. *Father's Birthplace* Md.

Name of Medical Attendant, or other Person who makes this Return. F. B. Gardner

Address 120 N. Greene St.

Remarks

RETURN OF A BIRTH

836 of 6

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 Birth

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) white

3. Date of Birth, 8 Dezember

4. Place of Birth, (Street and Number) Capel St. 116

5. Full Name of Mother, Angnas Vogel

6. Mother's Maiden Name, " " Mansel

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Joseph Vogel

9. Father's Occupation,

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Address, Mrs. Braun

Remarks, Market Space No 15

HEALTH DEPARTMENT
DEC 18 1885
BALTIMORE, MD.

RETURN OF A BIRTH

13647

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
DEC 18 1885
BALTIMORE, MD

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st child

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth, Dec 9 1885.

4. Place of Birth, (Street and Number) 9 Jones alley

5. Full Name of Mother, Maria Abenschoen

6. Mother's Maiden Name, Deckert.

7. Mother's Birthplace, America

8. Full Name of Father, Franz Abenschoen

9. Father's Occupation, Painter

10. Father's Birthplace, America

Name of Medical Attendant, or other Person who makes this Return, J. Lohmeyer Midwife

Address, 338 Hanover st

Remarks,

City Printers and Stationers

83648

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, DEC 18 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 Child

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)*

3. *Date of Birth,* 9 1885

4. *Place of Birth, (Street and Number)* 10 Little Short st

5. *Full Name of Mother,* Katy Schneider

6. *Mother's Maiden Name,* Berlan

7. *Mother's Birthplace,* America

8. *Full Name of Father,* William Schneider

9. *Father's Occupation,* Laborer

10. *Father's Birthplace,* America

Name of Medical Attendant, or other Person who makes this Return. J. Lohwasser Midwife

Address, 330 Hanover st

Remarks,

City Printers and Stationers

83649

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* Colored

3. *Date of Birth,* Dec 9 1885

4. *Place of Birth, (Street and Number)* #14 Upton St

5. *Full Name of Mother,* Annie Riley

6. *Mother's Maiden Name,* Annie Hann

7. *Mother's Birthplace,* Eastern shore Va

8. *Full Name of Father,* Wm Riley

9. *Father's Occupation,* Labor

10. *Father's Birthplace,* Baltimore City

Name of Medical Attendant, or other Person who makes this Return C Parlow Proctor mine wife

Address, 10 Carlton St

Remarks,

HEALTH DEPARTMENT, DEC 17 1885 BALTIMORE, MD

to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

NTERS AND STATIONERS.

RETURN OF A BIRTH.

83650

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
DEC 16 1885
BALTIMORE MD

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth December 9, 1885
4. Place of Birth, (Street and Number) 183 N. Bethel St. Balto. Md.
5. Full Name of Mother, Amelia Cossen
6. Mother's Maiden Name, " Rienhardt
7. Mother's Birthplace, Germany
8. Full Name of Father, Dietrick Cossen
9. Father's Occupation, Shoemaker
10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return. Caroline Miller

Address, H 5 Walker St. Balto Md.

Remarks,

For each offence to be recovered as other fines and forfeitures are recovered.

Co. City Printers and Stationers.

RETURN OF A BIRTH.

85651

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 8

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) white

3. Date of Birth 2 December

4. Place of Birth, (Street and Number) 135 N. Central ave

5. Full Name of Mother, Minnie Grainer

6. Mother's Maiden Name, " Silak

7. Mother's Birthplace, Balt. Md

8. Full Name of Father, Frederick Grainer

9. Father's Occupation, Printer

10. Father's Birthplace, Balt. Md.

Name of Medical Attendant, or other Person who makes this Return. Mrs Rosa Ulrig

Address, 478 Holland St

Remarks, Balt.

HEALTH DEPARTMENT
DEC 24 1880

o., City Printers and Stationers.

RETURN OF A BIRTH.

13 F 52

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, JAN 6 1886 BALTIMORE MD

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth Dec 2 - 1885
4. Place of Birth, (Street and Number) 47 President St.
5. Full Name of Mother, Barbera Fittler
6. Mother's Maiden Name, Ziegler
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Charles Fittler
9. Father's Occupation, Machinist
10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return. Mary Stein

Address, 151 E. Pratt St.

Remarks,

o., City Printers and Stationers.

RETURN OF A BIRTH

8365

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth, December 1 1895

4. Place of Birth, (Street and Number) 102 Eastern Ave

5. Full Name of Mother, Babara Bauer

6. Mother's Maiden Name, Kramer

7. Mother's Birthplace, Baltimore

8. Full Name of Father, John Bauer

9. Father's Occupation, Laborer

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs Louise

Address,

Remarks,

HEALTH DEPARTMENT JAN 8 1896 BALTIMORE MD.

ity Printers and Stationers.

RETURN OF A BIRTH

831-57

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third.

1. Sex, (state whether male or female) Female.

2. Race or Color, (if not of the white race) White.

3. Date of Birth, December 4th 1885.

4. Place of Birth, (Street and Number) 165 Conway Street.

5. Full Name of Mother, Wilhelmina Kraft.

6. Mother's Maiden Name, Wilhelmina Rotte.

7. Mother's Birthplace, Rotte Germany.

8. Full Name of Father, Anton Kraft.

9. Father's Occupation, Lithographer.

10. Father's Birthplace, Jerra Germany.

Name of Medical Attendant, or other Person who makes this Return. Jos. Blum.

Address, 76 Columbia Avenue.

Remarks, Cor. Warner St.

...ity Printers and Stationers.

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83655

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, DEC 23 1885 BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) First

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* —
3. *Date of Birth* Dec. 4 8
4. *Place of Birth, (Street and Number)* 122 Hamburg st.
5. *Full Name of Mother,* Meda Bloberger
6. *Mother's Maiden Name,* " Pestrith
7. *Mother's Birthplace,* Prussia
8. *Full Name of Father,* John Bloberger
9. *Father's Occupation,* Baker
10. *Father's Birthplace,* Austria

Name of Medical Attendant, or other Person who makes this Return. Mary Krok

Address, 328 South Eulaw st

Remarks,

..., City Printers and Stationers.

8365 k

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Fourth
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	—
3. *Date of Birth*	Dec 4th 1885
4. *Place of Birth, (Street and Number)*	36. Clay St.
5. *Full Name of Mother,*	Mary Dennerman
6. *Mother's Maiden Name,*	" Wieselman
7. *Mother's Birthplace,*	Prussia
8. *Full Name of Father,*	Aug Dennerman
9. *Father's Occupation,*	Grocer
10. *Father's Birthplace,*	Prussia
Name of Medical Attendant, or other Person who makes this Return.	Mary Kopf
Address,	328 South Eden St.
Remarks,	

HEALTH DEPARTMENT, DEC 23 1885 BALTIMORE, MD.

...o., City Printers and Stationers.

GIVEN NAME ADDED 3-21-55

RETURN OF A BIRTH

8367

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Anna Margaret Estella Holdorfer

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)*

3. *Date of Birth,* December 4/85

4. *Place of Birth, (Street and Number)* 24 Bankstreet

5. *Full Name of Mother,* Maggie Holdörfer

6. *Mother's Maiden Name,* Ramsauer

7. *Mother's Birthplace,* Baltimore

8. *Full Name of Father,* John Holdörfer

9. *Father's Occupation,* Laborer

10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs. Louise Kraft

Address, 142 S. Washington St.

Remarks,

HEALTH DEPARTMENT JAN 8 1886 BALTIMORE, MD.

City Printers and Stationers.

RETURN OF A BIRTH

8358

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
JAN 8 1898
BALTIMORE MD

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth, December 5/83

4. Place of Birth, (Street and Number) 161 East Pratt St.

5. Full Name of Mother, Katie Wilson

6. Mother's Maiden Name, Behle

7. Mother's Birthplace, Schweden

8. Full Name of Father, Charles Wilson

9. Father's Occupation, Seaman

10. Father's Birthplace, Schweden

Name of Medical Attendant, or other Person who makes this Return. Mrs. Louise Kraft.

Address, 142 S. Washington St.

Remarks,

City Printers and Stationers.

GIVEN NAME ADDED 4-17-57

RETURN OF A BIRTH.

8359

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Isaac Meyer Shiller 7

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) Jewish
3. Date of Birth 7 December 1885
4. Place of Birth, (Street and Number) 112 S. Sharp St
5. Full Name of Mother, Annie Shiller
6. Mother's Maiden Name, " Kelner
7. Mother's Birthplace, Poland
8. Full Name of Father, Moses Shiller
9. Father's Occupation, Clothing Store
10. Father's Birthplace, Poland

Name of Medical Attendant, or other Person who makes this Return. Mrs Rosa Ullrig

Address, 47 Holland St Balt.

Remarks,

HEALTH DEPARTMENT DEC 24 1885 BALTIMORE MD

Co., City Printers and Stationers.

RETURN OF A BIRTH

8-3660

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth, December 7 1895

4. Place of Birth, (Street and Number) 191 S. Caroline St.

5. Full Name of Mother, Lisbeth Bengel

6. Mother's Maiden Name, Distler

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Christian Bengel

9. Father's Occupation, Baker

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs. Louise Kraft.

Address, 142 S. Washington St.

Remarks,

HEALTH DEPARTMENT JAN 8 1896 BALTIMORE MD.

City Printers and Stationers.

RETURN OF A BIRTH

83 441

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* Male

2. *Race or Color, (if not of the white race)*

3. *Date of Birth,* December 83

4. *Place of Birth, (Street and Number)* 158 S. Bethel St.

5. *Full Name of Mother,* Katie Jupper

6. *Mother's Maiden Name,* Luther

7. *Mother's Birthplace,* Baltimore

8. *Full Name of Father,* Henry Jupper

9. *Father's Occupation,* Laborer

10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs. Louise Kraft

Address, 142 S. Washington St.

Remarks,

HEALTH DEPARTMENT JAN 8 1886 BALTIMORE

City Printers and Stationers.

RETURN OF A BIRTH

8366

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, 5 Dec 1885

4. Place of Birth, (Street and Number) 123 N Schaffle st

5. Full Name of Mother, Mary Kaemla

6. Mother's Maiden Name, Mary Dwarzach

7. Mother's Birthplace, Bohemia

8. Full Name of Father, Jos Kaemla

9. Father's Occupation, Tailor

10. Father's Birthplace, Bohemia

Name of Medical Attendant, or other Person who makes this Return. Mary Kaemla

Address, 627 N Washington st

Remarks,

HEALTH DEPARTMENT
DEC 1 85
BALTIMORE, MD.

...ty Printers and Stationers.

RETURN OF A BIRTH

83443

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, DEC. 12 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5 Child

1. Sex, (state whether male or female) Girl

2. Race or Color, (if not of the white race) White

3. Date of Birth, Geboren den 8ten November

4. Place of Birth, (Street and Number) No 266 Dallas St

5. Full Name of Mother, Mathilde Lilly

6. Mother's Maiden Name, Mathilde Shultz

7. Mother's Birthplace, Baltimore

8. Full Name of Father, William Lilly

9. Father's Occupation, Cammaker

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. Friedrike Kaufmann

Address, No 194 Eastern Ave

Remarks, Hebamme

City Printers and Stationers.

83664

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, DEC 12 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 Child

1. *Sex, (state whether male or female)* Bo[illegible]
2. *Race or Color, (if not of the white race)* [illegible]
3. *Date of Birth,* Geboren den 8ten Dezember
4. *Place of Birth, (Street and Number)* No 324 Bettel Str
5. *Full Name of Mother,* Macke ~~Stollham~~ Buklander
6. *Mother's Maiden Name,* Macke Stillham
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Fred. Buklander
9. *Father's Occupation,* Labor
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Friederike Kaufmann

Address, No 194 Eastern Av

Remarks, Hebamme

ity Printers and Stationers.

83665

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) Adolph Martin Boy Augustus

2. Race or Color, (if not of the white race) Withe

3. Date of Birth, 8 Dec.

4. Place of Birth, (Street and Number) 139 Rigely

5. Full Name of Mother, Augustus Martin

6. Mother's Maiden Name, " Femme.

7. Mother's Birthplace, Gerymann

8. Full Name of Father, Lenhartd Martin

9. Father's Occupation, Cooper

10. Father's Birthplace, Geryeny.

Name of Medical Attendant, or other Person who makes this Return. Amille Bange

Address, 426 Cross street

Remarks,

HEALTH DEPARTMENT, DEC 12 1885 BALTIMORE, MD.

City Printers and Stationers.

RETURN OF A BIRTH

#3666

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3. third.

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) white

3. Date of Birth, December 8 1885.

4. Place of Birth, (Street and Number) No. 3. north Frederick st

5. Full Name of Mother, Carolina Wildberger

6. Mother's Maiden Name, Carolina Hahn

7. Mother's Birthplace, Germany

8. Full Name of Father, Fred. Wilhelm Wildberger

9. Father's Occupation, Schoemaker

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return, Mrs. Kunigunda Schlifer

Address, 22. Columbia st.

Remarks,

HEALTH DEPARTMENT
DEC 12 1885
BALTIMORE MD.

City Printers and Stationers

RETURN OF A BIRTH.

83467

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
DEC 14 1885
BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Second child

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth 8th of December 1885
4. Place of Birth, (Street and Number) 455 w Balto st
5. Full Name of Mother, Maud Brandon
6. Mother's Maiden Name, Maud Mc Kinstry
7. Mother's Birthplace, Clear Lake Iowa
8. Full Name of Father, John Brandon
9. Father's Occupation, Mechanic
10. Father's Birthplace, Leavenworth Kansas

Name of Medical Attendant, or other Person who makes this Return, Mrs W. Maennel Midwife

Address, No 8 Pearl st.

Remarks,

o., City Printers and Stationers.

NOTICE

The succeeding documents were received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

RETURN OF A BIRTH

83668

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, 9 Dec 1885

4. Place of Birth, (Street and Number) 231 Aliceanna st

5. Full Name of Mother, Barbara Stang

6. Mother's Maiden Name, Barbara Walter

7. Mother's Birthplace, Germany

8. Full Name of Father, Valentine Stang

9. Father's Occupation, Laborer

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return. Mary Kessler

Address, 69 N Washington st

Remarks,

HEALTH DEPARTMENT, DEC 1 1885 BALTIMORE, MD.

City Printers and Stationers.

83669

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 9 Dec 1885
4. *Place of Birth, (Street and Number)* 85 Greene St
5. *Full Name of Mother,* Mary Dorl
6. *Mother's Maiden Name,* Mary Stary
7. *Mother's Birthplace,* Girl
8. *Full Name of Father,* Antone Dorl
9. *Father's Occupation,* Tailor
10. *Father's Birthplace,* Bohemia

Name of Medical Attendant, or other Person who makes this Return. Mary Koptist

Address, 69 N Washington St

Remarks,

HEALTH DEPARTMENT, DEC 1 1885 BALTIMORE, MD.

for each offence to be recovered as other fines and forfeitures are recoverable.

, City Printers and Stationers.

RETURN OF A BIRTH.

83670

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
DEC 12 1885
BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c)	[redacted] 3
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Dec 9 85
4. Place of Birth (Street and Number)	15-3 Cross st
5. Full Name of Mother	Ida Johnson
6. Mother's Maiden Name	Ida Jones
7. Mother's Birthplace	Martha St. Johnson
8. Full Name of Father	Baltimore
9. Father's Occupation	Mariner
10. Father's Birthplace	Dorchester County
Name of Medical Attendant, or other Person who makes this Return.	Mrs. Ann Nash
Address	
Remarks	

RETURN OF A BIRTH

83671

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
DEC 13 1885
BALTIMORE. MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Dec 4th

4. Place of Birth, (Street and Number) Baltimore No 30 East St

5. Full Name of Mother, Mary Downs

6. Mother's Maiden Name, Mary Carey

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Michael Downs

9. Father's Occupation, Laborer

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs Wiley

Address, No 12 Patterson Park ave

Remarks,

y Printers and Stationers.

RETURN OF A BIRTH

83672

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	9th
Sex, (state whether male or female)	Male
Race or Color, (if not of the white race)	Black
Date of Birth,	Dec. 9 1885
Place of Birth, (Street and Number)	166 Jasper
Full Name of Mother,	Martha Gray
Mother's Maiden Name,	Norris
Mother's Birthplace,	~~Frank Barnes~~ St Mary's Co Md
Full Name of Father,	Frank Barnes
Father's Occupation,	Laborer
Father's Birthplace,	St Mary's Co Md
Name of Medical Attendant, or other Person who makes this Return	Wm Gray Smith
Address,	83 S. Jasper St.
Remarks,	

HEALTH DEPARTMENT, DEC 14 1885 BALTIMORE MD

CITY PRINTERS AND STATIONERS

836 7/3

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, DEC 23 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* white race
3. *Date of Birth,* December [illegible]
4. *Place of Birth, (Street and Number)* Baltimore randle st No 25
5. *Full Name of Mother,* Mary Metzger
6. *Mother's Maiden Name,* Kreh
7. *Mother's Birthplace,* fredrick Md
8. *Full Name of Father,* fredrick Metzger
9. *Father's Occupation,* labour
10. *Father's Birthplace,* germaney

Name of Medical Attendant, or other Person who makes this Return. Elizabeth Flathorn

Address, light st No 530

Remarks,

City Printers and Stationers.

RETURN OF A BIRTH

83674

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
JAN 8 1885
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)*

3. *Date of Birth,* December 9/85

4. *Place of Birth, (Street and Number)* 306 Chew St.

5. *Full Name of Mother,* Virginia Richardson

6. *Mother's Maiden Name,* Board

7. *Mother's Birthplace,* Baltimore

8. *Full Name of Father,* William Richardson

9. *Father's Occupation,* Laborer

10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs. Louise Kraft

Address, 142 S. Washington

Remarks,

ity Printers and Stationers.

RETURN OF A BIRTH

836 95

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex, (state whether male or female)* Male

2. *Race or Color, (if not of the white race)* Blk

3. *Date of Birth,* December 9th 1885

4. *Place of Birth, (Street and Number)* Carlen alley (15th)

5. *Full Name of Mother,* Kate Rich

6. *Mother's Maiden Name,* Kate Manschoth

7. *Mother's Birthplace,* Harford Co Md

8. *Full Name of Father,* Richard David Rich

9. *Father's Occupation,* Wood and Coal dealer

10. *Father's Birthplace,* Princefield Somerset Co Md

Name of Medical Attendant, or other Person who makes this Return. E. C. Gibbs M. D.

Address, 136 E. Townsend St

Remarks,

HEALTH DEPARTMENT DEC 30 1885 BALTIMORE, MD.

, City Printers and Stationers.

83696

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 m

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth, 9th 1885

4. Place of Birth, (Street and Number) 2 Bolton Ally

5. Full Name of Mother, Millie Schall

6. Mother's Maiden Name, " Geipe

7. Mother's Birthplace, Glen Rock Pa

8. Full Name of Father, Charles Schall

9. Father's Occupation, Grinder & Polisher

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. Edward J. McDevitt

Address, 54 Aisquith St

Remarks,

HEALTH DEPARTMENT, DEC 24 1885 BALTIMORE MD.

ty Printers and Stationers.

RETURN OF A BIRTH

83677

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. *Sex, (state whether male or female)* male

2. *Race or Color, (if not of the white race)* white

3. *Date of Birth,* 9 December 1885

4. *Place of Birth, (Street and Number)* 105 Carlton Avenue

5. *Full Name of Mother,* Meta Klare

6. *Mother's Maiden Name,* Meta Bolte

7. *Mother's Birthplace,* Baltimore

8. *Full Name of Father,* Anton Klare

9. *Father's Occupation,* Merchant

10. *Father's Birthplace,* Bremen (Germany)

Name of Medical Attendant, or other Person who makes this Return. Dr J Steinhard

Address, 211 N Howard Street

Remarks,

HEALTH DEPARTMENT DEC 26 1885 BALTIMORE

By Printers and Stationers.

RETURN OF A BIRTH

83678

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 17

1. Sex, (state whether male or female) Boy

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, Dec 10th 1885

4. Place of Birth, (Street and Number) 68 Lane St

5. Full Name of Mother, Jane Allen

6. Mother's Maiden Name,

7. Mother's Birthplace, Dorchester Co Md

8. Full Name of Father, Charles Allen

9. Father's Occupation, Laborer

10. Father's Birthplace, Fortress Monroe Virginia

Name of Medical Attendant, or other Person who makes this Return. Deborah Thomas

Address, 71 Burgundy alley

Remarks, This Child Lived about 1 hour it Mother had herself before it was Born

HEALTH DEPARTMENT
DEC 12 1885
BALTIMORE MD.

City Printers and Stationers.

RETURN OF A BIRTH.

83679

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
DEC 12 1885
BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd 1st boy & twins

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) white

3. Date of Birth Dec 10th 85

4. Place of Birth (Street and Number) 153 Dolphin St

5. Full Name of Mother Mary Parker

6. Mother's Maiden Name Mary Byrne

7. Mother's Birthplace Dublin Ireland

8. Full Name of Father Frank Parker

9. Father's Occupation Moulder

10. Mother's Birthplace Balt

Name of Medical Attendant, or other Person who makes this Return. Edmund Rwalker M D

Address 183 Linden Ave

Remarks Normal - Vertex Presentation

RETURN OF A BIRTH

82680

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7 Child.

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth, 10 December 1885

4. Place of Birth, (Street and Number) 29 Platfoote Alley.

5. Full Name of Mother, Kunegunt. Miller

6. Mother's Maiden Name, " Ossman

7. Mother's Birthplace, Germany.

8. Full Name of Father, Henry. Miller

9. Father's Occupation, Shoemaker.

10. Father's Birthplace, Germany.

Name of Medical Attendant, or other Person who makes this Return. Mr Wiley

Address, No. 12 Patterson Park av

Remarks,

HEALTH DEPARTMENT DEC 14 1885 BALTIMORE

City Printers and Stationers.

836-81

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, DEC 23 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Dec: 10th /85
4. *Place of Birth, (Street and Number)*	No: 107 Edmondson, Ave
5. *Full Name of Mother,*	Annie E. Kalkman
6. *Mother's Maiden Name,*	Annie E. Trone
7. *Mother's Birthplace,*	Pennsylvania
8. *Full Name of Father,*	Alex: E. Kalkman
9. *Father's Occupation,*	Grocer
10. *Father's Birthplace,*	Howard Co. Md
Name of Medical Attendant, or other Person who makes this Return.	F. Jenkins
Address,	No. 2. Cathedral St.
Remarks,	

for each offence to be recovered as other fines and forfeitures are recoverable.

City Printers and Stationers.

83682

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
DEC 15 1885
BALTIMORE, MD

[illegible] of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex (state whether male or female) Female
2. Race or Color (if not of the white race)
3. Date of Birth Dec 11th
4. Place of Birth (Street and Number) China Street No 3
5. Full Name of Mother Julia Ann Holly
6. Mother's Maiden Name " " " Taylor
7. Mother's Birthplace Alexander Va
8. Full Name of Father William P. Holly
9. Father's Occupation Labor
10. Father's Birthplace St Mary's County

[illegible] Name of Medical Attendant, or other Person who makes this Return. Fannie Granby

Address ~~doing well~~ 69 Leadenhall st

Remarks Doing well

RETURN OF A BIRTH

83 b 83

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, DEC 11 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* Collord
3. *Date of Birth,* friday december 11 1885
4. *Place of Birth, (Street and Number)* no 21 Sarahan street
5. *Full Name of Mother,* ~~rosie~~ rosie tenny
6. *Mother's Maiden Name,* ~~rosie tenny~~ rosie green
7. *Mother's Birthplace,* S St marris County
8. *Full Name of Father,* John tenney
9. *Father's Occupation,* Shoe making
10. *Father's Birthplace,* Baltimore City

Name of Medical Attendant, or other Person who makes this Return. Sarah duvall

Address, no 9 Josper street

Remarks, Bell

for each offence to be recovered as other fines and forfeitures are recoverable.

, City Printers and Stationers.

83 b 84

RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT, DEC 12 1885 BALTIMORE, MD.

[illegible] of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether male or female)	Female
2. Race or Color, (if not of the white race)	White
3. Date of Birth	Dec 11th 1885
4. Place of Birth, (Street and Number)	248 Columbia Ave
5. Full Name of Mother	Elizabeth Wendler
6. Mother's Maiden Name	O Hilger
7. Mother's Birthplace	Germany
8. Full Name of Father	Frederick W. Wendler
9. Father's Occupation	Saloon Keeper
10. Father's Birthplace	Germany
[illegible]me of Medical Attendant, or other Person who makes this Return.	I. H. Curry
Address	76 S Paca St
Remarks	

RETURN OF A BIRTH.

8368

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 9th

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth 11 December

4. Place of Birth, (Street and Number) No 51 Pearl Street

5. Full Name of Mother, Sarah Stack

6. Mother's Maiden Name, Sarah Fry

7. Mother's Birthplace, Baltimore City

8. Full Name of Father, James E Stack

9. Father's Occupation, Street Cleaning

10. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other Person who makes this Return. Mrs M. C. Maennel Midwife

Address, No 8 Pearl Sts

Remarks,

HEALTH DEPARTMENT DEC 14 1885 BALTIMORE MD

for each offence to be recovered as other fines and forfeitures are recoverable.

Co., City Printers and Stationers.

83686

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, DEC 29 1885 BALTIMORE MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3rd.

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* Dec 1st 1885
4. *Place of Birth, (Street and Number)* #204 Monument St.
5. *Full Name of Mother,* Louisa Smith
6. *Mother's Maiden Name,* " "
7. *Mother's Birthplace,* Balto Md.
8. *Full Name of Father,* Frederick Smith
9. *Father's Occupation,* Stone Cutter.
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs Dena Hillegerst.

Address, #182 E Monument St.

Remarks,

For each Offence to be recovered as other fines and forfeitures are recoverable.

Co., City Printers and Stationers.

83687

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* Dec 2nd 1885
4. *Place of Birth, (Street and Number)* 15 Mc Henry
5. *Full Name of Mother,* Mollie Henker
6. *Mother's Maiden Name,* Mollie Arnolf
7. *Mother's Birthplace,* Balto md
8. *Full Name of Father,* Jos Henker
9. *Father's Occupation,* Shoe maker
10. *Father's Birthplace,* Balto md

Name of Medical Attendant, or other Person who makes this Return. Jas A Mesenzepe

Address, 398 Penna ave

Remarks,

HEALTH DEPARTMENT, DEC 30 1885 BALTIMORE, MD.

for each offence to be recovered as other fines and forfeitures are recoverable,

Co., City Printers and Stationers.

RETURN OF A BIRTH

83688

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
BALTIMORE MD

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	December 3rd 1883
4. Place of Birth, (Street and Number)	No. 18 N. Carolina St.
5. Full Name of Mother,	Mary Dolan
6. Mother's Maiden Name,	" "
7. Mother's Birthplace,	
8. Full Name of Father,	
9. Father's Occupation,	
10. Father's Birthplace,	
Name of Medical Attendant, or other Person who makes this Return.	M. J. Burt.
Address,	185 Central ave. & Monument St.
Remarks,	Ill Nile.

City Printers and Stationers.

83689

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT, DEC 30 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

Sex (state whether male or female) Female

Race or Color, (if not of the white race) White

Date of Birth, December 4th 1885

Place of Birth, (Street and Number) 25 Granby St S.E. Cor of High

Full Name of Mother, Maggie Koebrick

Mother's Maiden Name, Schwartzhaupt

Mother's Birthplace, Baltimore

Full Name of Father, John Fred. William Koebrick

Father's Occupation, Shipping Clerk

Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Wm H Diffenderffer M.D.

Address, 140 Bolton St

Remarks,

AND STATIONERS

83690

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
DEC 30 18[illegible]
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex, (state whether male or female)* M
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 4th Dec 1885
4. *Place of Birth, (Street and Number)* 136 Hughes
5. *Full Name of Mother,* Bridget Mary Ryan
6. *Mother's Maiden Name,* Kane
7. *Mother's Birthplace,* Balt.
8. *Full Name of Father,* Lawrence F Ryan
9. *Father's Occupation,* Saloon Keeper
10. *Father's Birthplace,* Balt.
11. *Name of Medical Attendant,* or other Person who makes this Return, J H W Webster Jr
    Address, 101 Barrett
    Remarks,

for each offence to be recovered as other fines and forfeitures are recoverable.

, City Printers and Stationers.

83691

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Dec 6th 1885
4. *Place of Birth, (Street and Number)* 36 Cory St
5. *Full Name of Mother,* Mary Powers
6. *Mother's Maiden Name,* Mary Lohren
7. *Mother's Birthplace,* Ireland
8. *Full Name of Father,* George Powers
9. *Father's Occupation,* Horse Shoer
10. *Father's Birthplace,* Ireland

Name of Medical Attendant, or other Person who makes this Return. Mrs A Mesenzehe

Address, 398 Penna ave

Remarks,

HEALTH DEPARTMENT, DEC 30 1885 BALTIMORE, MD.

for each offence to be recovered as other fines and forfeitures are recoverable.

o., City Printers and Stationers.

83692

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth Dec 6th 1885
4. Place of Birth, (Street and Number) #79 Ensor St.
5. Full Name of Mother, Maggie Harrison
6. Mother's Maiden Name, " Savage
7. Mother's Birthplace, Balto Md
8. Full Name of Father, Wm Harrison
9. Father's Occupation, Machinist
10. Father's Birthplace, Balto Md

Name of Medical Attendant, or other Person who makes this Return. Mrs. Dena Hillegust

Address, #182 E. Monument St.

Remarks,

HEALTH DEPARTMENT DEC 15 BALTIMORE MD.

for each offence to be recovered as other fines and forfeitures are recoverable.

Co., City Printers and Stationers.

8369(3

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, DEC 29 1885 BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 11th

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth Dec 6th 1885

4. Place of Birth, (Street and Number) #28 Madison St

5. Full Name of Mother, Jane McKewen

6. Mother's Maiden Name, Dugan

7. Mother's Birthplace, Ireland

8. Full Name of Father, Patrick McKewen

9. Father's Occupation, Labourer

10. Father's Birthplace, Ireland

Name of Medical Attendant, or other Person who makes this Return. Mrs. Dena Hillegeist

Address, #182 E. Monument St.

Remarks,

For each offence to be recovered as other fines and forfeitures are recoverable.

Co., City Printers and Stationers.

RETURN OF A BIRTH. 83694

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
DEC 8 1885
BALTIMORE, MD.

No. of Child of Mother (*state whether 1st, 2d, 3d, &c.*) .....

1. *Sex*, (*state whether male or female*) female

2. *Race or Color*, (*if not of the white race*) color

3. *Date of Birth* the date is the 7

4. *Place of Birth*, (*Street and Number*) No 400 west St

5. *Full Name of Mother*, Maryeben douglous

6. *Mother's Maiden Name*, dougers and Gibbs

7. *Mother's Birthplace*, annapolis Md

8. *Full Name of Father*, henry douglous

9. *Father's Occupation*, pubicant work

10. *Father's Birthplace*, prince countie

Name of Medical Attendant, or other Person who makes this Return. .....

Address, No 100 russle St

Remarks, ...

for each offence to be recovered as other fines and forfeitures are recoverable.

Co., City Printers and Stationers.

RETURN OF A BIRTH

83695

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	7th of Dec 1885.
4. *Place of Birth, (Street and Number)*	Highland Town
5. *Full Name of Mother,*	Annie Mary Kample
6. *Mother's Maiden Name,*	Kimble
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Thomas Kample
9. *Father's Occupation,*	Car driver
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Sarah Casper
Address,	72 E. Lombard St.
Remarks,	

HEALTH DEPARTMENT DEC 1 1885 BALTIMORE, MD.

City Printers and Stationers.

RETURN OF A BIRTH

83696

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d ~~1st~~ ~~Dec~~ ~~1885~~

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth, 7th Dec 1885

4. Place of Birth, (Street and Number) 96 Parkin

5. Full Name of Mother, Mary Dougherty

6. Mother's Maiden Name, Mc Hugh

7. Mother's Birthplace, Balt

8. Full Name of Father, John Dougherty

9. Father's Occupation, Marin

10. Father's Birthplace, Ireland

Name of Medical Attendant, or other Person who makes this Return. D W Webster

Address, 101 Baren

Remarks,

HEALTH DEPARTMENT
DEC
BALTIMORE

of persons who shall neglect or refuse to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

o., City Printers and Stationers.

RETURN OF A BIRTH.

83697

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) White.
3. Date of Birth Dec. 8th 1895
4. Place of Birth, (Street and Number) #126 Aisquith St
5. Full Name of Mother, Annie Phillips
6. Mother's Maiden Name, Youngheim
7. Mother's Birthplace, Balto Md
8. Full Name of Father, James Phillips
9. Father's Occupation, Candy Maker
10. Father's Birthplace, Portsmouth Va.

Name of Medical Attendant, or other Person who makes this Return Mrs. Dena Hillegeist

Address, #126 E Monument St

Remarks,

HEALTH DEPARTMENT DEC 5 BALTIMORE MD

for each offence to be recovered as other fines and forfeitures are recovered.

Co., City Printers and Stationers.

83698

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of Child: Christena Caroline Whortman

HEALTH DEPARTMENT JAN 1 1880 BALTIMORE MD

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race) White
3. Date of Birth, Dec 8/85
4. Place of Birth, (Street and Number) 246 Columbia Ave
5. Full Name of Mother, Emma E. Whortman
6. Mother's Maiden Name, " " Wipman
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Chas Whortman
9. Father's Occupation, Police-man
10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other Person who makes this Return.

Address, H. L. Spicer Md

Remarks, 3 89 W. Lombard St

for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

83699

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, DEC 30 1885 BALTIMORE, MD

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th

Sex, (state whether male or female) Female

2. *Race or Color, (if not of the white race)* Dec 8th 1885

3. *Date of Birth,* White

4. *Place of Birth, (Street and Number)* 114 Preston St

5. *Full Name of Mother,* Maggie Stump

6. *Mother's Maiden Name,* Maggie Nau

7. *Mother's Birthplace,* Balto Md

8. *Full Name of Father,* Micheal Stump

9. *Father's Occupation,* Driver

10. *Father's Birthplace,* Balto Md

Name of Medical Attendant, or other Person who makes this Return. Mrs C Musenzehl

Address, 398 Penna ave

Remarks,

for each offence to be recovered as other fines and forfeitures are recoverable.

o., City Printers and Stationers.

83700

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, DEC 30 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

Sex, (state whether male or female) Male

2. *Race or Color, (if not of the white race)* white

3. *Date of Birth,* Dec 8th 188[illegible]

4. *Place of Birth, (Street and Number)* 344 Penna ave

5. *Full Name of Mother,* Emma Digonker

6. *Mother's Maiden Name,* Emma Bop

7. *Mother's Birthplace,* Balto md

8. *Full Name of Father,* John Digonker

9. *Father's Occupation,* Carpenter

10. *Father's Birthplace,* Balto md

Name of Medical Attendant, or other Person who makes this Return. Mrs C Mesenzehl

Address, 398 Penna ave

Remarks,

for each offence to be recovered as other fines and forfeitures are recoverable.

Co., City Printers and Stationers.

RETURN OF A BIRTH

83701

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	8
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	8th of Dec 1885
4. *Place of Birth, (Street and Number)*	16 Canton St.
5. *Full Name of Mother,*	Mary Jane
6. *Mother's Maiden Name,*	Locke
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Henry Bjunt
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other Person who makes this Return	Sarah Caspari
Address,	72 E. Lombard St.
Remarks,	

HEALTH DEPARTMENT
DEC 1 1885
BALTIMORE, MD.

City Printers and Stationers.

RETURN OF A BIRTH.

83702

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, DEC 19 1885 BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth dec 8th 1885
4. Place of Birth, (Street and Number) 130 Lee St
5. Full Name of Mother, Memerva Merine
6. Mother's Maiden Name, Memerva Parker
7. Mother's Birthplace, Anerandel county
8. Full Name of Father, Isic Merine
9. Father's Occupation, Scourman
10. Father's Birthplace, Cambridge Md
- Name of Medical Attendant, or other Person who makes this Return. Scholatte Williams
- Address, 611 S. Howard St
- Remarks, five dollars

for each offence to be recovered as other fines and forfeitures are recoverable.

Co., City Printers and Stationers.

RETURN OF A BIRTH

83702

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
DEC 10 1885
BALTIMORE MD

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3d
1. Sex, (state whether male or female)	male
2. Race or Color, (if not of the white race)	white
3. Date of Birth,	December 9th 1885
4. Place of Birth, (Street and Number)	280 E. Baltimore st
5. Full Name of Mother,	Mary Louisa Hughes
6. Mother's Maiden Name,	" " Sullivan
7. Mother's Birthplace,	Harrisonburg Rockingham Co. Va
8. Full Name of Father,	Patrick Henry Hughes
9. Father's Occupation,	Telegraph Operator
10. Father's Birthplace,	Harrisonburg Rockingham Co. Va
Name of Medical Attendant, or other Person who makes this Return	Pierre Lee Bauchman
Address,	325 E. Baltimore st
Remarks,	

CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

83701

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. *Sex, (state whether male or female)* Boy

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* Wednesday, Dec. 9th 85.

4. *Place of Birth, (Street and Number)* 20 Forest Place

5. *Full Name of Mother,* Annie White

6. *Mother's Maiden Name,* Annie Rattey

7. *Mother's Birthplace,* Balto. Md

8. *Full Name of Father,* John White

9. *Father's Occupation,* Clerk

10. *Father's Birthplace,* Baltimore Md.

Name of Medical Attendant, or other Person who makes this Return. Wilmer L Brinton M.D.

Address, Chase St. & Forest Place

Remarks,

HEALTH DEPARTMENT DEC 31 1885 BALTIMORE

City Printers and Stationers.

RETURN OF A BIRTH.

8705

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
JAN 6 1886
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth Dec 9 - 1885 46 S. High St.

4. Place of Birth, (Street and Number) 46 S. High St.

5. Full Name of Mother, Mary Kelly

6. Mother's Maiden Name, Chase

7. Mother's Birthplace, Baltimore

8. Full Name of Father, John J. Kelly

9. Father's Occupation, Fireman

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mary Stein

Address, 15 E Pratt St.

Remarks,

Co., City Printers and Stationers.

RETURN OF A BIRTH.

83706

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 7th

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White,

3. Date of Birth Dec 10th 1885.

4. Place of Birth, (Street and Number) #33 Holland St.

5. Full Name of Mother, Catherine Mangold.

6. Mother's Maiden Name, Geiman

7. Mother's Birthplace, Balto Md.

8. Full Name of Father, Wilhelm Mangold.

9. Father's Occupation, Tailor.

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs. Hanna Hillegeist.

Address, #182 E Monument St.

Remarks,

HEALTH DEPARTMENT
DEC 29 1885
BALTIMORE MD.

Co., City Printers and Stationers.

RETURN OF A BIRTH.

8707

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
JAN 5 1886
BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth Dec 10 — 1885
4. Place of Birth, (Street and Number) 9 Gough St.
5. Full Name of Mother, Juliana Grill
6. Mother's Maiden Name, Schmill
7. Mother's Birthplace, Ungarn
8. Full Name of Father, Frank Grill
9. Father's Occupation, Cabinet Maker
10. Father's Birthplace, Ungarn

Name of Medical Attendant, or other Person who makes this Return. Mary Stein

Address, 161 E Pratt St.

Remarks,

Co., City Printers and Stationers.

NOTICE

The succeeding documents were received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

RETURN OF A BIRTH.

82708

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
DEC 11 1885
BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2d,

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth 10 of December 1885
4. Place of Birth, (Street and Number) No 195 E Eager St
5. Full Name of Mother, Mrs Katie Roll
6. Mother's Maiden Name, Katie Winchen
7. Mother's Birthplace, Baltimore
8. Full Name of Father, John Roll
9. Father's Occupation, Shoemaker
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs Christine Sauer

Address, 173 Harford Ave

Remarks, 1885

for each offence to be recovered as other fines and forfeitures are recoverable.

Co., City Printers and Stationers.

GIVEN NAME ADDED 11-14-49 83709

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Mabel J. Howes

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* December 10th 1885
4. *Place of Birth, (Street and Number)* Selma Place No. 3.
5. *Full Name of Mother,* Maria C. Howes
6. *Mother's Maiden Name,* Maria C. Howes
7. *Mother's Birthplace,* Calvert County Md.
8. *Full Name of Father,* Singleton Howes
9. *Father's Occupation,* Inspector of Tobacco
10. *Father's Birthplace,* Calvert County Md

Name of Medical Attendant, or other Person who makes this Return L. G. Sparrow M.D.

Address, 1, 277 N. Mount St

Remarks,

HEALTH DEPARTMENT, DEC 11 1885 BALTIMORE, MD.

to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

...TERS AND STATIONERS.

83710

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
DEC 10 1885
BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth 10 of December 1885
4. Place of Birth, (Street and Number) 189 Consitutoin St
5. Full Name of Mother, Annie Finnity
6. Mother's Maiden Name, Annie Sangentoin
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Barney Finnity
9. Father's Occupation, Police Offisor
10. Father's Birthplace, Ireland

Name of Medical Attendant, or other Person who makes this Return. Mrs Christina Lauer

Address, 173 Hanford Ave

Remarks, 1885.

for each offence to be recovered as other fines and forfeitures are recoverable.

& Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

No. of Child of Mother, (state whether ~~1st, 2d~~, 3d, &c.)

Sex, (state whether male ~~or female~~)

2. *Race or Color, (if not of the white race)* Col d

3. *Date of Birth,* December 10th 1885

4. *Place of Birth, (Street and Number)* No 143 N Caroline st

5. *Full Name of Mother,* Mary A. Price

6. *Mother's Maiden Name,* " " Ashton

7. *Mother's Birthplace,* Baltimore City

8. *Full Name of Father,* Preston N. Price

9. *Father's Occupation,* Cook

10. *Father's Birthplace,* Virginia

Name of Medical Attendant, or other Person who makes this Return Wm. L. Russell

Address, 238 N. Broadway

Remarks,

HEALTH DEPARTMENT
DEC 18 1885
BALTIMORE, MD.

PRINTERS AND STATIONERS.

RETURN OF A BIRTH

83713

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, December 10th 1885

4. Place of Birth, (Street and Number) No. 41 Hull Street Locust Point

5. Full Name of Mother, Elizabeth Ann Clark

6. Mother's Maiden Name, Elizabeth Ann Morgan

7. Mother's Birthplace, Baltimore

8. Full Name of Father, James Francis Clark

9. Father's Occupation, Labourer

10. Father's Birthplace, Cape Briton N. S.

Name of Medical Attendant, or other Person who makes this Return. Mrs. Ettel

Address, No. 13. Cuba Street Locust Point

Remarks,

HEALTH DEPARTMENT, DEC 17 1885, BALTIMORE

ity Printers and Stationers.

RETURN OF A BIRTH

83713

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT, DEC 16 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

Sex, (state whether male or female) Female

Race or Color, (if not of the white race) White

Date of Birth, Dec. Thursday 10 85

Place of Birth, (Street and Number) 97 Groder St

Full Name of Mother, Maria Emrick

Mother's Maiden Name, Maira Makenhamer

Mother's Birthplace, Baltimore Md

Full Name of Father, Rutlof Emrick

Father's Occupation, Can Marker

Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other Person who makes this Return Mary A Sedley

Address,

Remarks,

CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

83714

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth, 10th Dec. 1885

4. Place of Birth, (Street and Number) 132 Caroline St.

5. Full Name of Mother, Maggie Fechter

6. Mother's Maiden Name, Quinnmann

7. Mother's Birthplace, Baltimore

8. Full Name of Father, John Fechter

9. Father's Occupation, Laborer

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. Sarah Kasper

Address, 72 E. Lombard St

Remarks,

HEALTH DEPARTMENT DEC 24 1885 BALTIMORE, MD.

City Printers and Stationers.

83715

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Dec 10th 1885
4. *Place of Birth, (Street and Number)* 292 E. Pratt st. Baltimore, Md.
5. *Full Name of Mother,* Mary Cecilia Langley
6. *Mother's Maiden Name,* Mary Cecilia Morgan
7. *Mother's Birthplace,* Baltimore, Md.
8. *Full Name of Father,* James K. Polk Langley
9. *Father's Occupation,* Sgt. Police
10. *Father's Birthplace,* Baltimore, Md.

Name of Medical Attendant, or other Person who makes this Return. Mrs Hannah Howard

Address, 144 S. Bond St.

Remarks,

HEALTH DEPARTMENT, DEC 21 1885 BALTIMORE, MD.

City Printers and Stationers.

RETURN OF A BIRTH, 8376

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT DEC BALTIMORE MD

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th
1. Sex (state whether male or female) female
2. Race or Color, (if not of the white race) White
3. Date of Birth Dec. 14/85
4. Place of Birth, (Street and Number) 85 George St.
5. Full Name of Mother Henrietta Philippson
6. Mother's Maiden Name Koehler
7. Mother's Birthplace New Haven Conn.
8. Full Name of Father Alexander Philippson
9. Father's Occupation Manufacturer of Insect Powder &c.
10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. H. R. Fetterhoff M.D.

Address 227 Madison Ave

Remarks

RETURN OF A BIRTH

83717

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, DEC 14 1885 BALTIMORE, MD.

1. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second
2. Sex, (state whether male or female) Male
3. Race or Color, (if not of the white race) White
4. Date of Birth, December 12th 1885
5. Place of Birth, (Street and Number) No 183 N. Caroline St
6. Full Name of Mother, Matilda Shoerhale
7. Mother's Maiden Name, Matilda Segler
8. Mother's Birthplace, Baltimore Md
9. Full Name of Father, Henry Schoerhale
10. Father's Occupation, Sign Painter
11. Father's Birthplace, Baltimore Md
12. Name of Medical Attendant, or other Person who makes this Return. John H. Pickel M.D.
13. Address, No 256 N. Eden Street.
14. Remarks, —

City Printers and Stationers.

82718

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) White

3. Date of Birth Dec 11 / 85

4. Place of Birth, (Street and Number) 191 George St.

5. Full Name of Mother, Annie E. Freeland

6. Mother's Maiden Name, King.

7. Mother's Birthplace, Balt.

8. Full Name of Father, John T. Freeland.

9. Father's Occupation, Clerk

10. Father's Birthplace, Md.

Name of Medical Attendant, or other Person who makes this Return. Dr Murray

Address, 119 N. Monument St.

Remarks,

HEALTH DEPARTMENT
DEC 18 1885
BALTIMORE, MD

Co., City Printers and Stationers.

RETURN OF A BIRTH

83719

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Dez 11. 1885
4. *Place of Birth, (Street and Number)* Andrew St No 4
5. *Full Name of Mother,* Mary Berg
6. *Mother's Maiden Name,* Mary Peterson
7. *Mother's Birthplace,* Cubinham
8. *Full Name of Father,* Oler Berg
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Tromsure Norway

Name of Medical Attendant, or other Person who makes this Return. Mrs Ettel

Address, No 13 Cuba St

Remarks,

HEALTH DEPARTMENT, DEC 17 1885 BALTIMORE

..., City Printers and Stationers.

83. 750

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
DEC 17 1885
BALTIMORE MD

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	12th of December
4. Place of Birth, (Street and Number)	No 35 Hadens alley
5. Full Name of Mother,	Mary Lane
6. Mother's Maiden Name,	Mary Foley
7. Mother's Birthplace,	Irland
8. Full Name of Father,	John Lane
9. Father's Occupation,	Captain
10. Father's Birthplace,	Irland
Name of Medical Attendant, or other Person who makes this Return	Mrs E Fray
Address,	1938 South Chester st
Remarks,	Healthy Child

8372 1

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, December 12th "

4. Place of Birth, (Street and Number) 73 South Stricker St.

5. Full Name of Mother, Anna M. Davis.

6. Mother's Maiden Name, Anna M. Saffron

7. Mother's Birthplace, Baltimore.

8. Full Name of Father, Chesterfield Davis.

9. Father's Occupation, Colored - Waiter.

10. Father's Birthplace, Anne Arundle County.

Name of Medical Attendant, or other Person who makes this Return E. Dunnap.

Address, No. 821 W. Lombard St.

Remarks,

HEALTH DEPARTMENT DEC 16 1895 BALTIMORE, MD.

Any person who shall fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

PRINTERS AND STATIONERS.

RETURN OF A BIRTH

8372

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)*

3. *Date of Birth,* 12 Decem

4. *Place of Birth, (Street and Number)* 69 Pratt st.

5. *Full Name of Mother,* Emila Blessen

6. *Mother's Maiden Name,* Kasky

7. *Mother's Birthplace,* Baltimore

8. *Full Name of Father,* Andrews Blessen

9. *Father's Occupation,* Fire-man

10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Sarah Casper

Address, 72. E. Lombard

Remarks,

HEALTH DEPARTMENT
DEC 21 1885
BALTIMORE, MD.

City Printers and Stationers.

83723

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, DEC 31 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race)

3. Date of Birth, December 11th

4. Place of Birth, (Street and Number) 790 W. Pratt street

5. Full Name of Mother, Barbara Jacobi

6. Mother's Maiden Name, Kuemmert

7. Mother's Birthplace, Baltimore, Md

8. Full Name of Father, Jacob Jacobi

9. Father's Occupation, Compositor

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs Annie Stunder

Address, 6 N. 6th Schroeder St.

Remarks,

ity Printers and Stationers.

RETURN OF A BIRTH

8374

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Fem[illegible]

2. Race or Color, (if not of the white race) White

3. Date of Birth, Saturday Dec. 12th 1885

4. Place of Birth, (Street and Number) 6 Cottage Ave,

5. Full Name of Mother, Jennie L. Meushaw,

6. Mother's Maiden Name, Jennie Richardson,

7. Mother's Birthplace, Long Island N. Y.

8. Full Name of Father, Joshua Meushaw

9. Father's Occupation, Employee B & P. R. R. Co.

10. Father's Birthplace, Ann Arundel Co. Md.

Name of Medical Attendant, or other Person who makes this Return. Wilmer Bonitow M.D.

Address, Chas St. & Fremont Place

Remarks,

HEALTH DEPARTMENT, DEC 31 1885 BALTIMORE MD.

City Printers and Stationers.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

83225

HEALTH DEPARTMENT
DEC 30 1885
BALTIMORE MD

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st.

1. Sex, (state whether male or female) female.
2. Race or Color, (if not of the white race) Colord.
3. Date of Birth 11th of Dec.
4. Place of Birth, (Street and Number) No 20 China st Balto city.
5. Full Name of Mother, Ellen Dorsey.
6. Mother's Maiden Name, Ellen Dorsey
7. Mother's Birthplace, Baltimore city Md.
8. Full Name of Father, Walter J. Scott.
9. Father's Occupation, Oyster shucker.
10. Father's Birthplace, Baltimore city Md.

Name of Medical Attendant, or other Person who makes this Return. Sbrilla Brooks.

Address, 210 Warner st.

Remarks,

For each offence to be recovered as other fines and forfeitures are recoverable.

Co., City Printers and Stationers.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

83726

HEALTH DEPARTMENT, DEC 30 1885 BALTIMORE, MD

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	8th
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	Colored
3. *Date of Birth*	Dec 11th 1885
4. *Place of Birth, (Street and Number)*	276 N. Eutaw Street
5. *Full Name of Mother,*	Mary Tilghman
6. *Mother's Maiden Name,*	
7. *Mother's Birthplace,*	Balto. Md.
8. *Full Name of Father,*	George Tilghman
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	Eastern Shore, Md.
Name of Medical Attendant, or other Person who makes this Return.	Hester Boland
Address,	39 Eutaw Monument
Remarks,	

Co., City Printers and Stationers.

RETURN OF A BIRTH

8322

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	second child
Sex, (state whether male or female)	male
2. *Race or Color, (if not of the white race)*	colored
3. *Date of Birth,*	december 19
4. *Place of Birth, (Street and Number)*	219 montgomary st
5. *Full Name of Mother,*	caroline roberts
6. *Mother's Maiden Name,*	caroline roberts
7. *Mother's Birthplace,*	frudrick md
8. *Full Name of Father,*	alfred small wood
9. *Father's Occupation,*	laborer
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other Person who makes this Return	mrs Lydia Porter
Address,	no 11 patapsco avenue
Remarks,	healthy child

to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

...TERS AND STATIONERS.

RETURN OF A BIRTH.

~~83728~~ 9

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

83728

HEALTH DEPARTMENT, DEC 18 1885 BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth 12 of December A. D. 1885
4. Place of Birth, (Street and Number) 31 Parkin St. Balto Md.
5. Full Name of Mother, Johanna Sawina Spittel
6. Mother's Maiden Name, Johanna Sawina Strauss
7. Mother's Birthplace, Baltimore City.
8. Full Name of Father, John Spittel
9. Father's Occupation, Cabinet Maker.
10. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other Person who makes this Return. Susan Hunter

Address, 21 No Pappelton St

Remarks,

Co., City Printers and Stationers.

RETURN OF A BIRTH

~~83729~~

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th 83729

1. *Sex, (state whether male or female)* Male

2. *Race or Color, (if not of the white race)* Lived

3. *Date of Birth,* Dec 13/85

4. *Place of Birth, (Street and Number)* 5 Parish St

5. *Full Name of Mother,* Maggie Statuman

6. *Mother's Maiden Name,* Maggie Hankins

7. *Mother's Birthplace,* Chas Co Md

8. *Full Name of Father,* Chas Statuman

9. *Father's Occupation,* Hod Carrier

10. *Father's Birthplace,* New Orleans La

Name of Medical Attendant, or other Person who makes this Return. Jane Woodland

Address, 101 Bruce St

Remarks,

HEALTH DEPARTMENT DEC 17 1885 BALTIMORE MD

City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether ~~1st~~, 2d, ~~3d, &c.~~) 83730

Sex, (state whether ~~male or~~ female)

2. Race or Color, (if not of the white race)

3. Date of Birth, December 13th 1885

4. Place of Birth, (Street and Number) 230, N. Carey

5. Full Name of Mother, Fannie Cherry

6. Mother's Maiden Name, " Holmes

7. Mother's Birthplace, Baltimore, City

8. Full Name of Father, Bradberry Cherry

9. Father's Occupation, Druggist

10. Father's Birthplace, Virginia

Name of Medical Attendant, or other Person who makes this Return Wm. L. Russell

Address, 238, N. Broadway

Remarks,

HEALTH DEPARTMENT, DEC 18 1885 BALTIMORE, MD.

any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

PRINTERS AND STATIONERS.

RETURN OF A BIRTH

~~837 30~~ 83231

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, DEC 17 1885 BALTIMORE MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* Dec 13th 1885
4. *Place of Birth, (Street and Number)* 5 Vincent St
5. *Full Name of Mother,* Maggie Lee
6. *Mother's Maiden Name,* Maggie Lee
7. *Mother's Birthplace,* Mot Rivers Md
8. *Full Name of Father,* Solomon Snowden
9. *Father's Occupation,* Hod Carrier
10. *Father's Birthplace,* Mot Rivers Md

Name of Medical Attendant, or other Person who makes this Return. Jane Woodland

Address, Midwife 14 Bennett

Remarks,

ity Printers and Stationers.

RETURN OF A BIRTH, ~~83731~~

To the Office of Registrar of Vital Statistics, Board of Health.

83732

BALTIMORE CITY.

HEALTH DEPARTMENT, DEC 17 1885 BALTIMORE, MD

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. Sex (state whether ~~male or~~ female)
2. Race or Color, (if not of the white race) White
3. Date of Birth Dec 13th 1885
4. Place of Birth, (Street and Number) 589 West Lombard St
5. Full Name of Mother Susie Hann
6. Mother's Maiden Name Macher
7. Mother's Birthplace Balto City
8. Full Name of Father Charles Hann
9. Father's Occupation Clerk - Bank -
10. Father's Birthplace Balto City

Name of Medical Attendant, or other Person who makes this Return. I H Cuney

Address 76 S Paca St

Remarks

85723

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
DEC 16 1885
BALTIMORE MD

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2d
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Dec 13th 10:45 P.M. 1885
4. Place of Birth (Street and Number)	96 Parkin St.
5. Full Name of Mother	Agnes Ellsworth Howard
6. Mother's Maiden Name	Sapp.
7. Mother's Birthplace	Baltimore
8. Full Name of Father	James H. Howard
9. Father's Occupation	Clerk
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	H. H. Webner M.D.
Address	296 W. Lombard St.
Remarks	

83734

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, DEC 18 1885 BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* 1885 14th December
4. *Place of Birth, (Street and Number)* 85 Stockton st
5. *Full Name of Mother,* Marry E. Lippert
6. *Mother's Maiden Name,* Marry E. Henninger
7. *Mother's Birthplace,* Baltimore Md
8. *Full Name of Father,* Casper - Lippert
9. *Father's Occupation,* Varnisher
10. *Father's Birthplace,* Baltimore - Md

Name of Medical Attendant, or other Person who makes this Return. Susan Hunter

Address, 21 No Poppelton St

Remarks,

Co., City Printers and Stationers.

RETURN OF A BIRTH

8373

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, DEC 18 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10th Child

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)*

3. *Date of Birth,* Dec. 14 1885

4. *Place of Birth, (Street and Number)* 248 West st.

5. *Full Name of Mother,* Emilia Gast

6. *Mother's Maiden Name,* Lux.

7. *Mother's Birthplace,* Germany.

8. *Full Name of Father,* John Gast.

9. *Father's Occupation,* Laborer.

10. *Father's Birthplace,* Germany.

Name of Medical Attendant, or other Person who makes this Return. J. Lohwasser Midwife

Address, 330 Hanover st.

Remarks,

...ity Printers and Stationers.

83736

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, DEC 17 1885 BALTIMORE MD

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Levid
3. *Date of Birth,* Dec 14th 1885
4. *Place of Birth, (Street and Number)* 10 Bruce St
5. *Full Name of Mother,* Martha Williams
6. *Mother's Maiden Name,* Martha Williams
7. *Mother's Birthplace,* Balto Md
8. *Full Name of Father,* John Field
9. *Father's Occupation,* Labore
10. *Father's Birthplace,* Va

Name of Medical Attendant, or other Person who makes this Return Jane Woodland

Address, Midwife 10 Bruce St

Remarks,

City Printers and Stationers.

83737

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, DEC 17 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* Dec 15/85
4. *Place of Birth, (Street and Number)* 13 Harmony Lane
5. *Full Name of Mother,* Caroline Hack
6. *Mother's Maiden Name,* Caroline Hawkins
7. *Mother's Birthplace,* Howard Co Md
8. *Full Name of Father,* Moley Hawkins
9. *Father's Occupation,* Driver
10. *Father's Birthplace,* Howard Co Md

Name of Medical Attendant, or other Person who makes this Return. Jane Woodland

Address, 16 Bonnet St

Remarks,

ity Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th 83738

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, December 15th 1885

4. Place of Birth, (Street and Number) No. 298 Hoffman St

5. Full Name of Mother, Martha ~~Henby~~ Coldwell

6. Mother's Maiden Name, ~~' ' '~~ Henby

7. Mother's Birthplace, Eastern Shore Md.

8. Full Name of Father, William Coldwell

9. Father's Occupation, Laborer

10. Father's Birthplace, Philadelphia Pa

Name of Medical Attendant, or other Person who makes this Return. Charlotte Proctor mid-wife

Address, No. 10 Carlton St

Remarks,

HEALTH DEPARTMENT DEC 17 1885 BALTIMORE MD

of each offence to be recovered as other fines and forfeitures are recoverable.

, City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

83739

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) Negro

3. Date of Birth, Dec 16 1885

4. Place of Birth, (Street and Number) 48 Exeter St

5. Full Name of Mother, Georgeanna Goodlow

6. Mother's Maiden Name, Raney

7. Mother's Birthplace, Northumberland Co Va

8. Full Name of Father, Silas Hudson

9. Father's Occupation, Laborer

10. Father's Birthplace, Northumberland Co Va

Name of Medical Attendant, or other Person who makes this Return J B Schwatka MD

Address, Cor Bway & Barnes Sts

Remarks, This child was the first born of twins and not seeing any rule to contrary I make out a certificate for each

2135

HEALTH DEPARTMENT, DEC 18 1885 BALTIMORE MD

TWIN #1

to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

...TERS AND STATIONERS.

RETURN OF A BIRTH

~~83439~~ 83740

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, DEC 18 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) Negro
3. Date of Birth, Dec 16 1885
4. Place of Birth, (Street and Number) 48 Shuter St
5. Full Name of Mother, Georgeanna Hudlum
6. Mother's Maiden Name, G. Haney
7. Mother's Birthplace, Northumberland Co Va
8. Full Name of Father, Silas Hudlum
9. Father's Occupation, Laborer
10. Father's Birthplace, Va

Name of Medical Attendant, or other Person who makes this Return J. B. Schwatka M D

Address, Cor Bway & Barnes

Remarks, This was the second child born probably 15 minutes after no 1 J. B. S.

TWIN

to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

NTERS AND STATIONERS.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

8374

HEALTH DEPARTMENT
DEC 18 1885
BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth 16 December 1885
4. Place of Birth, (Street and Number) 111 Harford Ave
5. Full Name of Mother, Maggie Farrell
6. Mother's Maiden Name, Maggie Hanlin
7. Mother's Birthplace, Baltimore
8. Full Name of Father, James Farrell
9. Father's Occupation, Lamplighter
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs Christina Spauer

Address, 173 Harford Ave

Remarks, 1885.

for each offence to be recovered as other fines and forfeitures are recoverable.

& Co., City Printers and Stationers.

RETURN OF A BIRTH

~~83741~~ 83742

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore ~~City~~.

HEALTH DEPARTMENT
DEC 18 1885
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th Child

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White.
3. Date of Birth, 16th of December 1885.
4. Place of Birth, (Street and Number) 12 Meterea Alez
5. Full Name of Mother, Emma Heinz.
6. Mother's Maiden Name, Emma Reiz.
7. Mother's Birthplace, Frosburg Md.
8. Full Name of Father, William Reiz.
9. Father's Occupation, Laborman.
10. Father's Birthplace, Baltimore.

Name of Medical Attendant, or other Person who makes this Return. Crescintia Kunkel.

Address, 71 North Chapel street per Justina Kunkel

Remarks, Healthy

City Printers and Stationers.

RETURN OF A BIRTH.

~~83711~~

To the Office of Registrar of Vital Statistics, Board of Health, 83743

BALTIMORE CITY.

HEALTH DEPARTMENT, DEC 18 1885, BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Second (2)
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	December 14th 1885
4. Place of Birth (Street and Number)	227 N Bond Street
5. Full Name of Mother	Mary Maas
6. Mother's Maiden Name	" Beardsley
7. Mother's Birthplace	New York
8. Full Name of Father	Edward C Maas
9. Father's Occupation	Cabinet-Maker
10. Father's Birthplace	Baltimore City
Name of Medical Attendant, or other Person who makes this Return.	E Hall Rutledge
Address	101 N Broadway
Remarks	

RETURN OF A BIRTH

~~83743~~

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

83744

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 16 December
4. *Place of Birth, (Street and Number)* 194½ Lexington St
5. *Full Name of Mother,* Sarah Margret Kimball
6. *Mother's Maiden Name,* " " Gies
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* James Clark Kimball
9. *Father's Occupation,* Scroll Sawyer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Sarah Jane Duvall

Address, No 9 Jasper St

Remarks,

HEALTH DEPARTMENT, DEC 18 1885 BALTIMORE, MD.

for each offence to be recovered as other fines and forfeitures are recoverable.

, City Printers and Stationers.

RETURN OF A BIRTH

~~83744~~

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

83745

HEALTH DEPARTMENT
DEC 17 1935
BALTIMORE MD.

. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Fifth
Sex, (state whether male or female)	Male
Race or Color, (if not of the white race)	Brown ~~[illegible]~~ skin
Date of Birth,	Dec 17th
Place of Birth, (Street and Number)	205 Vincent aly
Full Name of Mother,	Alis Smith
Mother's Maiden Name,	Alis Banks
Mother's Birthplace,	Haverdegrass
Full Name of Father,	Alexandre Smith
Father's Occupation,	Sailor
Father's Birthplace,	Talbert County Md
Name of Medical Attendant, or other Person who makes this Return	Lydia V Somerville
Address,	13 Clinton ave
Remarks,	

S AND STATIONERS

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

83746

HEALTH DEPARTMENT
DEC 18 1885
BALTIMORE, MD

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth 17 of December 1885
4. Place of Birth, (Street and Number) 17 Gelz Ave
5. Full Name of Mother, Mary Carter
6. Mother's Maiden Name, Mary Sherman
7. Mother's Birthplace, Manchester England
8. Full Name of Father, James Carter
9. Father's Occupation, Sailor
10. Father's Birthplace, Annapolis Maryland

Name of Medical Attendant, or other Person who makes this Return. Mrs Christina Sauer

Address, 173 Harford Ave

Remarks, 1885.

...City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
JAN 6 1886
BALTIMORE, MD.

83747

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	//
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Dec 15th 1885
4. *Place of Birth, (Street and Number)*	120 N. Carey St
5. *Full Name of Mother,*	Emma Winston
6. *Mother's Maiden Name,*	" Gillingham
7. *Mother's Birthplace,*	City
8. *Full Name of Father,*	Blair Winston
9. *Father's Occupation,*	Com Merchant
10. *Father's Birthplace,*	Virginia
Name of Medical Attendant, or other Person who makes this Return	Dr. W. A. B. Sellman,
Address,	95 Saratoga Street.
Remarks,	

...ERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

8394

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Dec 15/85

4. Place of Birth, (Street and Number) 438 Bank St

5. Full Name of Mother, Sadie M Carter

6. Mother's Maiden Name, Woodall

7. Mother's Birthplace, Md

8. Full Name of Father, Robt. Carter

9. Father's Occupation, Clerk

10. Father's Birthplace, Md

Name of Medical Attendant, or other Person who makes this Return. Jno D Blakeman

Address,

Remarks,

HEALTH DEPARTMENT JAN 6 1886 BALTIMORE MD

...y Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

83749

HEALTH DEPARTMENT JAN 6 1886 BALTIMORE MD

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	16th Dec.
4. *Place of Birth, (Street and Number)*	14 N. Bond
5. *Full Name of Mother,*	Mary Olivia Phillips
6. *Mother's Maiden Name,*	Smith
7. *Mother's Birthplace,*	City
8. *Full Name of Father,*	Vivian Phillips
9. *Father's Occupation,*	Marines
10. *Father's Birthplace,*	City
Name of Medical Attendant, or other Person who makes this Return	E. P. Bruns M.D.
Address,	375 E. Balto. St.
Remarks,	

To a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

TERS AND STATIONERS.

RETURN OF A BIRTH

5 449
83750

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
JAN 6 1886
BALTIMORE MD

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Dec 16/85

4. Place of Birth, (Street and Number) 79. Warren

5. Full Name of Mother, Martha Adams

6. Mother's Maiden Name, Evans

7. Mother's Birthplace, Bad Co Md

8. Full Name of Father, Edward Adams

9. Father's Occupation, Carpenter

10. Father's Birthplace, Bermuda Islands

Name of Medical Attendant, or other Person who makes this Return. Jno D Blair MD

Address,

Remarks,

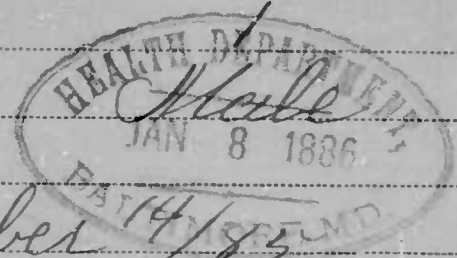
City Printers and Stationers.

RETURN OF A BIRTH

~~83750~~ 83751

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JAN 8 1886 BALTIMORE, MD.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth, December 14/85

4. Place of Birth, (Street and Number) 106 S. Mn St.

5. Full Name of Mother, Marie Devier

6. Mother's Maiden Name, Diller

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Charles Devier

9. Father's Occupation, Laborer

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs. Louise Kraft

Address, 142. S. Washington St.

Remarks,

ty Printers and Stationers.

RETURN OF A BIRTH,

83752

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
DEC 16 1885
BALTIMORE MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Second
1. *Sex (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth*	Dec. 14. 85
4. *Place of Birth, (Street and Number)*	44 N. Paul St
5. *Full Name of Mother*	Eliza Marston
6. *Mother's Maiden Name*	" Wilding
7. *Mother's Birthplace*	Shropshire - Eng -
8. *Full Name of Father*	Richard Marston
9. *Father's Occupation*	Hotel Clerk
10. *Father's Birthplace*	Shropshire Eng -
Name of Medical Attendant, or other Person who makes this Return.	H. Walton M.D.
Address	282 W. Lombard St
Remarks	

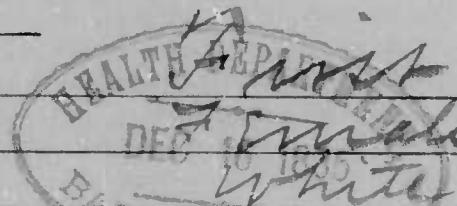
RETURN OF A BIRTH,

~~83752~~
83753

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT DEC 16 1885 BALTIMORE CITY



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
1. *Sex (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth*	Dec 14. 85 ~~69 Portland St~~
4. *Place of Birth, (Street and Number)*	69 Portland St
5. *Full Name of Mother*	Rosa Meiers.
6. *Mother's Maiden Name*	" Wueger
7. *Mother's Birthplace*	Baltimore Md
8. *Full Name of Father*	George Meiers.
9. *Father's Occupation*	Painter
10. *Father's Birthplace*	Balto Md
Name of Medical Attendant, or other Person who makes this Return.	Alswatt M.D.
Address	282 W Lombard St
Remarks	

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

8754

HEALTH DEPARTMENT
DEC 16 1885
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	7th
Sex, (state whether male or female)	Female
Race or Color, (if not of the white race)	White
Date of Birth,	Dec. 14th 1883
Place of Birth, (Street and Number)	497 West Fayette st
Full Name of Mother,	Maria K. Strayer
Mother's Maiden Name,	Maria K. Worden
Mother's Birthplace,	Sussex Co. ~~Virginia~~ Delaware
Full Name of Father,	Otho O. Strayer
Father's Occupation,	Publisher
Father's Birthplace,	Berkley Co. Virginia
Name of Medical Attendant, or other Person who makes this Return	Amanda Taylor Norris M.D.
Address,	73 Harlem Ave
Remarks,	

CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

~~83754~~ 83755

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, DEC 17 1885 BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 8th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* W.
3. *Date of Birth* Dec 16/85
4. *Place of Birth, (Street and Number)* S. E. Cor. Monument and Loney's Lane
5. *Full Name of Mother,* Elizabeth ~~Frank~~ De Belius
6. *Mother's Maiden Name,* Elizabeth Laahel
7. *Mother's Birthplace,* B.C.
8. *Full Name of Father,* Frank De Belius
9. *Father's Occupation,* Restaurateur
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return. Geo. L. Wiss Vice

Address, 77 So. Broadway

Remarks,

o., City Printers and Stationers.

13758

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
JAN 6 1886
BALTIMORE MD

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 19th Dec.
4. *Place of Birth, (Street and Number)* 175 E. Lombard St.
5. *Full Name of Mother,* Fannie Virginia Smith
6. *Mother's Maiden Name,* Kirwan
7. *Mother's Birthplace,* Dorchester Co. Md.
8. *Full Name of Father,* Samuel Frederick Smith
9. *Father's Occupation,* Mariner
10. *Father's Birthplace,* City

Name of Medical Attendant, or other Person who makes this Return — E. L. Bane M.D.

Address, 375 E. Balto. St.

Remarks,

...a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

...TERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
JAN 6 1886
BALTIMORE MD

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3d
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	23d Dec.
4. *Place of Birth, (Street and Number)*	N. E. Cor. W. Ave & E. M. Ave.
5. *Full Name of Mother,*	Lottie German
6. *Mother's Maiden Name,*	Kemp
7. *Mother's Birthplace,*	City
8. *Full Name of Father,*	Edward German
9. *Father's Occupation,*	Boot Maker & Builder
10. *Father's Birthplace,*	City
Name of Medical Attendant, or other Person who makes this Return	E. T. Ivens M.D.
Address,	
Remarks,	

...penalties are recoverable.

...RS AND STATIONERS.

RETURN OF A BIRTH

53758

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
JAN 6 1886
BALTIMORE MD

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 23d Dec.
4. *Place of Birth, (Street and Number)* 354 E. Lombard St.
5. *Full Name of Mother,* Anna Elizabeth Reville
6. *Mother's Maiden Name,* Barton
7. *Mother's Birthplace,* City
8. *Full Name of Father,* Joseph Oliver Reville
9. *Father's Occupation,* Marine Engineer
10. *Father's Birthplace,* Wilmington Del.

Name of Medical Attendant, or other Person who makes this Return E. L. Ives M.D.

Address, 372 E. Balto. St.

Remarks,

...KERS AND STATIONERS.

RETURN OF A BIRTH

83759

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
JAN 8 1883
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth, December 14 82

4. Place of Birth, (Street and Number) 70 S. Wolf St

5. Full Name of Mother, Kate Stiller

6. Mother's Maiden Name, Lehner

7. Mother's Birthplace, Germany

8. Full Name of Father, Martin Stiller

9. Father's Occupation, Laborer

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs. Louise Kraft

Address, 142 S. Washington

Remarks,

...ity Printers and Stationers.

GIVEN NAME ADDED 12-19-50

83760

83761

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Alma C. Frances Geddes

No. of Child of Mother, (state whether 1st, ~~2d, 3d, &c.~~)

1. *Sex, (~~state whether male or~~ female)*
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 22 Dec 1883
4. *Place of Birth, (Street and Number)* 403 W Lombard St
5. *Full Name of Mother,* Elizabeth Geddes
6. *Mother's Maiden Name,* " Julye
7. *Mother's Birthplace,* Md
8. *Full Name of Father,* Robt E Geddes
9. *Father's Occupation,* Merchant
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other Person who makes this Return. Geo Hopkins

Address, 1 W Oakley Terrace

Remarks,

HEALTH DEPARTMENT, JAN 6 1886 BALTIMORE, MD.

City Printers and Stationers.

CORRECTION

The preceding document has been re-photographed to assure legibility and its image appears immediately hereafter.

RETURN OF A BIRTH

83759

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
JAN 8 1883
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)*

3. *Date of Birth,* December 19 82

4. *Place of Birth, (Street and Number)* 70 S. Wolf St.

5. *Full Name of Mother,* Kate Stiller

6. *Mother's Maiden Name,* Lechner

7. *Mother's Birthplace,* Germany

8. *Full Name of Father,* Martin Stiller

9. *Father's Occupation,* Laborer

10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs. Louise Kraft

Address, 142 S. Washington St.

Remarks,

City Printers and Stationers.

RETURN OF A BIRTH

83760

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth, December 23/85

4. Place of Birth, (Street and Number) 328 Canton Ave

5. Full Name of Mother, Marie Zulauf

6. Mother's Maiden Name, Völker

7. Mother's Birthplace, Baltimore

8. Full Name of Father, John Zulauf

9. Father's Occupation, Laborer

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs. Louise Kraft

Address, 142 S. Washington St.

Remarks,

Rec Jany 21-86

HEALTH DEPARTMENT, JAN 8 1886 BALTIMORE, MD.

ity Printers and Stationers.

GIVEN NAME ADDED 12-19-50

83760

83761

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Alma C. Frances Geddes

No. of Child of Mother, (state whether 1st, ~~2d, 3d, &c.~~)

1. *Sex, (~~state whether male or~~ female)*
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 22 Dec 1883
4. *Place of Birth, (Street and Number)* 403 W Lombard St
5. *Full Name of Mother,* Elizabeth Geddes
6. *Mother's Maiden Name,* " Julye
7. *Mother's Birthplace,* Md
8. *Full Name of Father,* Robt E Geddes
9. *Father's Occupation,* Merchant
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other Person who makes this Return. Geo Hoyt

Address, 1 W Ashley Terrace

Remarks,

HEALTH DEPARTMENT, JAN 6 1886 BALTIMORE, MD.

City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

83762

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. *Sex, (state whether male or female)*

2. *Race or Color, (if not of the white race)*

3. *Date of Birth,* Dec 22d 85

4. *Place of Birth, (Street and Number)* 108 Edmondson Ave.

5. *Full Name of Mother,* Hattie Landsdale

6. *Mother's Maiden Name,* " Nicholson

7. *Mother's Birthplace,* Maryland

8. *Full Name of Father,* W. L. Landsdale

9. *Father's Occupation,*

10. *Father's Birthplace,* Maryland

Name of Medical Attendant, or other Person who makes this Return Dr. W. A. B. Sellman,

Address, 95 Saratoga Street.

Remarks,

HEALTH DEPARTMENT BALTIMORE MD.

...ERS AND STATIONERS.

RETURN OF A BIRTH.

~~83762~~

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

83763

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) First

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* December 25 1885
4. *Place of Birth, (Street and Number)* 95 Gay st
5. *Full Name of Mother,* Mary Trautman
6. *Mother's Maiden Name,* Mary Bragel
7. *Mother's Birthplace,* Prussa
8. *Full Name of Father,* Bernard Trautman
9. *Father's Occupation,* Shoemaker
10. *Father's Birthplace,* Bamberg

Name of Medical Attendant, or other Person who makes this Return. Wm. Reiß Lebaum

Address, No 28 N. Frederick St Baltimore

Remarks, M.D.

HEALTH DEPARTMENT JAN 6 1886 BALTIMORE

..., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

83764

HEALTH DEPARTMENT, JAN 8 1886 BALTIMORE MD

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Mulatto
3. *Date of Birth,* December 24: 1885
4. *Place of Birth, (Street and Number)* 35 St Mary's st
5. *Full Name of Mother,* Rosa Wilson
6. *Mother's Maiden Name,* Jones
7. *Mother's Birthplace,* Harpers Ferry Va
8. *Full Name of Father.* William Wilson
9. *Father's Occupation,* Waiter
10. *Father's Birthplace,* West Point Md

Name of Medical Attendant, or other Person who makes this Return P. C. Williams

Address, 201 Madison Ave

Remarks,

ERS AND STATIONERS.

RETURN OF A BIRTH.

~~83764~~ 83765

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
JAN 6 1886
BALTIMORE MD

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth* Dec 26 1885
4. *Place of Birth, (Street and Number)* N. E. corner of Eden & Chase Sts
5. *Full Name of Mother,* Mary E. Wilson
6. *Mother's Maiden Name,* Palmer
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Clarence Wilson
9. *Father's Occupation,* Printer
10. *Father's Birthplace,* Annapolis Md

Name of Medical Attendant, or other Person who makes this Return. Mary Stein

Address, 151 E. Fayette St.

Remarks,

..City Printers and Stationers.

RETURN OF A BIRTH

~~82 65~~ 83766

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Male

2. *Race or Color, (if not of the white race)*

HEALTH DEPARTMENT JAN 8 1926 BALTIMORE, MD.

3. *Date of Birth,* December 25/85

4. *Place of Birth, (Street and Number)* 221 Bankstreet

5. *Full Name of Mother,* Minnie Beitz

6. *Mother's Maiden Name,* Krenelt

7. *Mother's Birthplace,* Baltimore

8. *Full Name of Father,* William Beitz.

9. *Father's Occupation,* Carpenter

10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs. Louise Kraft

Address, 142 S. Washington St

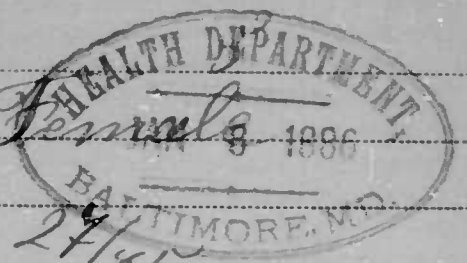
Remarks,

ity Printers and Stationers.

RETURN OF A BIRTH

~~83766~~ 83767

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)*

3. *Date of Birth,* December 27/95

4. *Place of Birth, (Street and Number)* 137 S. Register St.

5. *Full Name of Mother,* Lisbeth Cosin

6. *Mother's Maiden Name,* Kael

7. *Mother's Birthplace,* Baltimore

8. *Full Name of Father,* John Cosin

9. *Father's Occupation,* Laborer

10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs. Louise Kraft

Address, 142 S. Washington St.

Remarks,

ity Printers and Stationers.

RETURN OF A BIRTH

8377 68

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* Male

2. *Race or Color, (if not of the white race)*

3. *Date of Birth,* December 26 1885

4. *Place of Birth, (Street and Number)* 89 S. Wolf St

5. *Full Name of Mother,* Ellen Mantikus

6. *Mother's Maiden Name,* Colemann

7. *Mother's Birthplace,* Ireland

8. *Full Name of Father,* Sim Mantikus

9. *Father's Occupation,* Seeman

10. *Father's Birthplace,* England

Name of Medical Attendant, or other Person who makes this Return. Mrs. Louise Kraft

Address, 142 S. Washington St

Remarks,

HEALTH DEPARTMENT JAN 8 1886 BALTIMORE MD

ity Printers and Stationers.

RETURN OF A BIRTH

~~C3 / 88~~ 83769

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3d
Sex, (state whether male or female)	male
Race or Color, (if not of the white race)	white
Date of Birth,	Dec 26th 1885
Place of Birth, (Street and Number)	187 John St
Full Name of Mother,	Carrie Agnes Wilson
Mother's Maiden Name,	Carrie Agnes Packer
Mother's Birthplace,	South Carolina
Full Name of Father,	Charles Light Wilson
Father's Occupation,	Lawyer
Father's Birthplace,	Washington D. C.
Name of Medical Attendant, or other Person who makes this Return	Irvington Md.
Address,	179 East Monument St
Remarks,	

CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

83770

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, JAN 8 1886 BALTIMORE MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) Mulatto

3. Date of Birth, December 28: 85

4. Place of Birth, (Street and Number) 14 Rice st

5. Full Name of Mother, Lucy Stevens

6. Mother's Maiden Name, Isabel

7. Mother's Birthplace, Baltimore

8. Full Name of Father, George A. Stevens

9. Father's Occupation, Steward

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return P. C. Williams

Address, 201 Madison Ave

Remarks,

To a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

PRINTERS AND STATIONERS.

RETURN OF A BIRTH

~~83778~~ 83771

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
DEC 5 1885
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race)

3. Date of Birth, December 28/85

4. Place of Birth, (Street and Number) 146 Collington Ave

5. Full Name of Mother, Elisa Mangels

6. Mother's Maiden Name, Lüngermann

7. Mother's Birthplace, Germany

8. Full Name of Father, Bernhard Mangels

9. Father's Occupation, Laborer

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs. Louise Kraft.

Address, 142 S. Washington St.

Remarks, Twins

ity Printers and Stationers.

RETURN OF A BIRTH

~~83771~~ 83772

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
JAN 8 1886
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth, December 29/85

4. Place of Birth, (Street and Number) 122 S. Register St.

5. Full Name of Mother, Margaretha Gäde

6. Mother's Maiden Name, Berends

7. Mother's Birthplace, Germany

8. Full Name of Father, Charles Gäde

9. Father's Occupation, Laborer

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs. Louise Kraft.

Address, 142. S. Washington St.

Remarks,

ity Printers and Stationers.

RETURN OF A BIRTH

83772
83773

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
JAN 1880
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* white race
3. *Date of Birth,* December the 30
4. *Place of Birth, (Street and Number)* Baltimore Randle Hatch
5. *Full Name of Mother,* lucy fowler
6. *Mother's Maiden Name,* shaw
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Charley W fowley
9. *Father's Occupation,* Marchenery
10. *Father's Birthplace,* Washington

Name of Medical Attendant, or other Person who makes this Return. Elizabeth Hatcher

Address, light st No 532

Remarks,

City Printers and Stationers.

RETURN OF A BIRTH

83224

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
JAN 7 1885
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 and

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) white

3. Date of Birth, 31st December 1884

4. Place of Birth, (Street and Number) Dickeo Court No 2

5. Full Name of Mother, Margreth Wolf

6. Mother's Maiden Name, " " Morgan

7. Mother's Birthplace, Baltimore

8. Full Name of Father, John Wolf

9. Father's Occupation, Express Driver

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. Susan Shuster

Address, 21 No Coppelton St

Remarks,

City Printers and Stationers.

RETURN OF A BIRTH

8377 15 5

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
JAN 8 1886
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6ter Child

1. Sex, (state whether male ~~or female~~) [redacted]

2. Race or Color, (if not of the white race) White

3. Date of Birth, Dezember the 31. 1885

4. Place of Birth, (Street and Number) Eastern Av. No. 87.

5. Full Name of Mother, Margaretha Stroh.

6. Mother's Maiden Name, Margaretha Müller

7. Mother's Birthplace, Netsefurt, Kr. Reussen. Gurmany

8. Full Name of Father, Georg Stroh.

9. Father's Occupation, Baker

10. Father's Birthplace, Langed, Gr. Hessen. Gurmany

Name of Medical Attendant, or other Person who makes this Return. Mary E. Müller

Address, N. Dallas St. No. 26

Remarks,

City Printers and Stationers

RETURN OF A BIRTH

83776

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Louis Schleicher

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th Child

1. Sex, (state whether male ~~or female~~) [redacted]

2. Race or Color, (if not of the white race) White

3. Date of Birth, December the 31. 1885

4. Place of Birth, (Street and Number) E. Bond St. No 165

5. Full Name of Mother, Elisabetha ~~Seltziger~~ Schleicher

6. Mother's Maiden Name, Elisabetha Zerscheidt

7. Mother's Birthplace, Baltc City

8. Full Name of Father, Ludwig ~~Seltziger~~ Schleicher

9. Father's Occupation, Tavern Keeper

10. Father's Birthplace, Baltc City

Name of Medical Attendant, or other Person who makes this Return, Mary E. Miller

Address, N Dallas St. No 26

Remarks,

HEALTH DEPARTMENT
JAN 8 1886
BALTIMORE, MD

City Printers and Stationers.

RETURN OF A BIRTH

83774

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 th

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Dez 31.

4. Place of Birth, (Street and Number) Hull St

5. Full Name of Mother, Bridget Durken

6. Mother's Maiden Name, Bridget Redington

7. Mother's Birthplace, Co Mayo

8. Full Name of Father, William Durken

9. Father's Occupation, Laborer

10. Father's Birthplace, Co Mayo

Name of Medical Attendant, or other Person who makes this Return, Mrs Ethel

Address, No 136 Cuba St

Remarks,

HEALTH DEPARTMENT
JAN 8 1886
BALTIMORE, MD.

, City Printers and Stationers.

RETURN OF A BIRTH 83778

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race)

3. Date of Birth, 30th December 1885

4. Place of Birth, (Street and Number) 71 yorkst

5. Full Name of Mother, Maggie Bannon

6. Mother's Maiden Name, " Ryan

7. Mother's Birthplace, Balt.

8. Full Name of Father, Michael Bannon

9. Father's Occupation, Clerk

10. Father's Birthplace, Ball.

Name of Medical Attendant, or other Person who makes this Return. J. H. Webster

Address, 101 Baiset

Remarks,

HEALTH DEPART... BALTIMORE MD.

City Printers and Stationers.

RETURN OF A BIRTH

83779

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth, Dec 30th 1883

4. Place of Birth, (Street and Number) ~~32~~ 214 E Lombard st

5. Full Name of Mother, Lizzie Kern

6. Mother's Maiden Name, " Bobulaski

7. Mother's Birthplace, City

8. Full Name of Father, George Kern

9. Father's Occupation, Clerk

10. Father's Birthplace, City

Name of Medical Attendant, or other Person who makes this Return. Mrs Elizabeth Betz

Address, 120 Bank st

Remarks,

HEALTH DEPARTMENT JAN BALTIMORE MD

City Printers and Stationers.

RETURN OF A BIRTH 83/80

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth, Dec 30th 1885

4. Place of Birth, (Street and Number) 532 S Fayette st

5. Full Name of Mother, Catherina Schulte

6. Mother's Maiden Name, " Falk

7. Mother's Birthplace, City

8. Full Name of Father, Henry Schulte

9. Father's Occupation, Engineer

10. Father's Birthplace, City

Name of Medical Attendant, or other Person who makes this Return. Mrs Elizabeth Belz

Address, 120 Bank st.

Remarks,

HEALTH DEPARTMENT JAN 2 1886 BALTIMORE, MD.

City Printers and Stationers.

RETURN OF A BIRTH.

83781

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth Dec 30th 85

4. Place of Birth, (Street and Number) No 124 Saratoga St

5. Full Name of Mother, Kate C Rourke

6. Mother's Maiden Name, Waring.

7. Mother's Birthplace, Howard Co Md

8. Full Name of Father, Geo. M. C. Rourke.

9. Father's Occupation, Cake finisher.

10. Father's Birthplace, Balto Md

Name of Medical Attendant, or other Person who makes this Return. Mrs Annie Lindner

Address, No 45 S. Monroe St.

Remarks,

HEALTH DEPARTMENT
JAN 2 1886
BALTIMORE, MD.

...City Printers and Stationers.

RETURN OF A BIRTH. 83787

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2d

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth Dec 30th 85

4. Place of Birth, (Street and Number) No 77 Parkin St

5. Full Name of Mother, Caroline Bonschardt

6. Mother's Maiden Name, Rehling.

7. Mother's Birthplace, Hanover. Germany.

8. Full Name of Father, Charls. Bonschardt

9. Father's Occupation, Saloon Keeper.

10. Father's Birthplace, Hanover Germany.

Name of Medical Attendant, or other Person who makes this Return. Mrs. Anne Lindner

Address, No. 45 S. Monroe St

Remarks,

HEALTH DEPARTMENT, JAN 2 1886 BALTIMORE, MD.

...Co., City Printers and Stationers.

RETURN OF A BIRTH

83783

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT, JAN 4 1886 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2d
Sex, (state whether male or female)	Male
Race or Color, (if not of the white race)	White
Date of Birth,	Dec. 30th 85.
Place of Birth, (Street and Number)	185 Saratoga
Full Name of Mother,	Kate Pue
Mother's Maiden Name,	" Watkins
Mother's Birthplace,	Howard Co. Md.
Full Name of Father,	Arthur W Pue
Father's Occupation,	Conductor B & O R R
Father's Birthplace,	Howard Co. Md
Name of Medical Attendant, or other Person who makes this Return.	Dr Thomas Opie
Address,	179 N. Howard St
Remarks,	

TER & STATIONER, BALT.

RETURN OF A BIRTH

83784

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT, JAN 4 1886 BALTIMORE, MD.

o. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

Sex, (state whether male or female) Male

Race or Color, (if not of the white race) White

Date of Birth, Dec 30th 1885

Place of Birth, (Street and Number) 495 Fremont St

Full Name of Mother, Louisa Decker

Mother's Maiden Name, —

Mother's Birthplace, Balto

Full Name of Father, Elmer Decker

Father's Occupation, Driver

Father's Birthplace. Penna

Name of Medical Attendant, or other Person who makes this Return Chas E Sadtler Mt

Address, 565 Druid Hill Ave

Remarks,

NS AND STATIONERS

GIVEN NAME ADDED 9-10-52 83785

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, JAN 4 1886 BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Samuel Jay Fisher 2d

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth December 30 1885

4. Place of Birth, (Street and Number) 301 E. Eager

5. Full Name of Mother, Bertha Fisher

6. Mother's Maiden Name, Bertha Hamburger ~~Abraham H Fisher~~

7. Mother's Birthplace, Balto

8. Full Name of Father, Abraham H. Fisher

9. Father's Occupation, Book-Keeper

10. Father's Birthplace, Balto

Name of Medical Attendant, or other Person who makes this Return. D Streett MD

Address, 143 N. Eutaw

Remarks,

..., City Printers and Stationers.

83786

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, JAN 4 1886 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd et

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* December 30, 1885
4. *Place of Birth, (Street and Number)* 36 Rowe St.
5. *Full Name of Mother,* Annie Mary Kate Herr
6. *Mother's Maiden Name,* Annie Mary Kate Arnold
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Matthew Herr
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return Mary S. Swayne

Address, 59 Luzerne St.

Remarks,

to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

TRES AND STATIONERS.

RETURN OF A BIRTH

8378

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) Black

3. Date of Birth, Dec. 3d 1885

4. Place of Birth, (Street and Number) Male nurse, 164 W. Lombard St

5. Full Name of Mother, Lizzie Jones

6. Mother's Maiden Name, Do

7. Mother's Birthplace, Md

8. Full Name of Father, —

9. Father's Occupation, —

10. Father's Birthplace, —

Name of Medical Attendant, or other Person who makes this Return. William J. Thomas M.D.

Address, Male nurse

Remarks,

HEALTH DEPARTMENT, JAN 4 1886 BALTIMORE, MD.

for each certificate to be recovered as other fines and forfeitures are recoverable.

o., City Printers and Stationers.

RETURN OF A BIRTH.

8378

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, JAN 4 1886 BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) White

3. Date of Birth Dec 31st 1885

4. Place of Birth, (Street and Number) 136 North Ave.

5. Full Name of Mother, Mrs Shaffer

6. Mother's Maiden Name, —

7. Mother's Birthplace, md

8. Full Name of Father, Perry S. Shaffer

9. Father's Occupation, Cashier B & O Shops Mt Clare.

10. Father's Birthplace, md

Name of Medical Attendant, or other Person who makes this Return. Wm J. Preston M.D.

Address, 10 E. Lanvale St

Remarks,

...o., City Printers and Stationers.

RETURN OF A BIRTH

13789

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
JAN 1886
BALTIMORE MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Sixth

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Dec. 31. 1885.
4. *Place of Birth, (Street and Number)* 49 Etting
5. *Full Name of Mother,* Catherine Fulton
6. *Mother's Maiden Name,* Oster
7. *Mother's Birthplace,* Pa
8. *Full Name of Father,* Jas. Fulton
9. *Father's Occupation,* Cigar Maker
10. *Father's Birthplace,* Ireland

Name of Medical Attendant, or other Person who makes this Return J. H. Christian M.D.

Address, 506 Mad. Ave.

Remarks,

to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

...TERS AND STATIONERS.

RETURN OF A BIRTH.

83790

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
JAN 4 1886
BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Second Child

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth Dec. 31 1885. 4.30 P.M

4. Place of Birth, (Street and Number) 72½ George st

5. Full Name of Mother, Mary Hetzler

6. Mother's Maiden Name, Mary Michael

7. Mother's Birthplace, Baltimore

8. Full Name of Father, John M. Hetzler

9. Father's Occupation, Bookbinder

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. F. W. Sutton M. D

Address,

Remarks,

Co., City Printers and Stationers.

RETURN OF A BIRTH

$3791

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth, December 1st 1885

4. Place of Birth, (Street and Number) 14 Burke st

5. Full Name of Mother, Maggeretta Ei

6. Mother's Maiden Name, Michelman

7. Mother's Birthplace, City

8. Full Name of Father, Edward Ei

9. Father's Occupation, Oyster shuckes

10. Father's Birthplace, City

Name of Medical Attendant, or other Person who makes this Return. Mrs Elizabeth Betz

Address, 120 Bank st

Remarks,

HEALTH DEPARTMENT JAN 2 1886 BALTIMORE, MD

City Printers and Stationers.

83792

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third Child

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, December 1st 1885

4. Place of Birth, (Street and Number) #2 St Peter

5. Full Name of Mother, Annie Kirzel

6. Mother's Maiden Name, Annie Stecker

7. Mother's Birthplace, Germany

8. Full Name of Father, John K Hirzel

9. Father's Occupation, Gardner

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return. J K Wiley MD

Address, 195 W Lombard Street

Remarks,

HEALTH DEPARTMENT, JAN 2 1886 BALTIMORE, MD.

City Printers and Stationers.

RETURN OF A BIRTH

8379

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
JAN 2 18
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) .....

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) Female Colored

3. Date of Birth, December 1st 1885

4. Place of Birth, (Street and Number) Reeses ct & Welcome aly

5. Full Name of Mother, Mary Chambers

6. Mother's Maiden Name, Mary Smith

7. Mother's Birthplace, Born in Baltimore MD

8. Full Name of Father, Andrew J Smith

9. Father's Occupation, Oyster Shucker

10. Father's Birthplace, Born in Baltimore MD

Name of Medical Attendant, or other Person who makes this Return. Mrs Gray

Address, 78 Welcome aly

Remarks, ...

, City Printers and Stationers.

RETURN OF A BIRTH

83794

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth, Dec 2d 1885

4. Place of Birth, (Street and Number) 221 Gough st

5. Full Name of Mother, Anna Kraus

6. Mother's Maiden Name, " Zuartman

7. Mother's Birthplace, City

8. Full Name of Father, Henry Kraus

9. Father's Occupation, Police Officer

10. Father's Birthplace, City

Name of Medical Attendant, or other Person who makes this Return. Mrs Elizabeth Betz

Address, 120 Bank st

Remarks,

HEALTH DEPARTMENT
JAN 2 1886
BALTIMORE, MD.

City Printers and Stationers.

RETURN OF A BIRTH

83795

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth, Dec 2d 1885

4. Place of Birth, (Street and Number) 62 Courtland st

5. Full Name of Mother, Maggie Schiele

6. Mother's Maiden Name, " Biedeback

7. Mother's Birthplace, City

8. Full Name of Father, Gustav Schiele

9. Father's Occupation, Carpenter

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs Elizabeth Betz

Address, 126 Bank st

Remarks,

HEALTH DEPARTMENT
JAN 2 1886
BALTIMORE, MD.

City Printers and Stationers.

RETURN OF A BIRTH. 83 796

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Tenth

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth December 3. 1885
4. Place of Birth, (Street and Number) 210 N Wolfe St
5. Full Name of Mother, Alice Ludrow
6. Mother's Maiden Name, Bromell
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, Thos. C Ludrow
9. Father's Occupation, Policeman
10. Father's Birthplace, Virginia

Name of Medical Attendant, or other Person who makes this Return. Mary A Atwell

Address, McDonogh St

Remarks,

HEALTH DEPARTMENT BALTIMORE MD.

Co., City Printers and Stationers.

RETURN OF A BIRTH.

83 797

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, JAN 2 1886 BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth Dec 3d 85

4. Place of Birth, (Street and Number) No 190 W. Pratt St

5. Full Name of Mother, Magg. Kimmert

6. Mother's Maiden Name, Falter

7. Mother's Birthplace, Balto Md

8. Full Name of Father, Joseph Kimmert

9. Father's Occupation, Candy Maker.

10. Father's Birthplace, Balto Md

Name of Medical Attendant, or other Person who makes this Return. Mrs Anne Lindner

Address, No 451 Monroe St

Remarks,

...o., City Printers and Stationers.

RETURN OF A BIRTH

83198

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, December 27th 1885

4. Place of Birth, (Street and Number) 341 W. Lombard St

5. Full Name of Mother, Emma Fitch

6. Mother's Maiden Name, Emma Applegarth

7. Mother's Birthplace, Baltimore city Maryland

8. Full Name of Father, Martin Fitch

9. Father's Occupation, Police Officer

10. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other Person who makes this Return. D. K. Wiley M.D

Address, 195 W. Lombard Street

Remarks,

HEALTH DEPARTMENT, JAN 2 1886 BALTIMORE, MD.

City Printers and Stationers.

RETURN OF A BIRTH.

83799

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, JAN 2 1886 BALTIMORE MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* Dec 3rd
4. *Place of Birth, (Street and Number)* # 255 William st
5. *Full Name of Mother,* Caroline Butz
6. *Mother's Maiden Name,* " Meyer
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* Louis Butz
9. *Father's Occupation,* Horse Shoer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. C. S. Buddenbohn M.D.

Address, 166. S. Paca st.

Remarks,

for each offence to be recovered as other fines and forfeitures are recovered.

A Co., City Printers and Stationers.

RETURN OF A BIRTH.

83800

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
JAN 2 1906
BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4 th

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth Dec 5 th

4. Place of Birth, (Street and Number) 58 Yough st

5. Full Name of Mother, Carrie Crist

6. Mother's Maiden Name, Linz

7. Mother's Birthplace, Balto.

8. Full Name of Father, John C. Crist

9. Father's Occupation, Plasterer

10. Father's Birthplace, Balto.

Name of Medical Attendant, or other Person who makes this Return. C. L. Buddenbohn M.D.

Address, 166 S. Paca st

Remarks,

Co., City Printers and Stationers.

RETURN OF A BIRTH

83851

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, JAN 2 1886 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First Child

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, December 31st 1885

4. Place of Birth, (Street and Number) 287 S. Eutaw Street

5. Full Name of Mother, Mary ~~Stewart~~ Murray

6. Mother's Maiden Name, Mary Stewart

7. Mother's Birthplace, Baltimore City Md.

8. Full Name of Father, Joseph Murray

9. Father's Occupation, Laborer

10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other Person who makes this Return, E. K. Wiley M.D.

Address, Baltimore City Md

Remarks, 195 W. Lombard Street

City Printers and Stationers.

RETURN OF A BIRTH

83802

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Dec 3 1885

4. Place of Birth, (Street and Number) Corner of Johnson & Potter

5. Full Name of Mother, Matilda A. Schmidt

6. Mother's Maiden Name, Matilda A. Engelhard

7. Mother's Birthplace, Baltimore City Md

8. Full Name of Father, Robert Schmidt

9. Father's Occupation, Druggist

10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other Person who makes this Return. J. K. Wiley M.D.

Address, 195 N. Lombard St

Remarks,

HEALTH DEPARTMENT, JAN 2 1886 BALTIMORE, MD.

City Printers and Stationers.

83 803

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, December 8

4. Place of Birth, (Street and Number) Pere Hamburg & Monroe St

5. Full Name of Mother, Jennie Palmer

6. Mother's Maiden Name, Jennie Harrington

7. Mother's Birthplace, Maryland

8. Full Name of Father, George Palmer

9. Father's Occupation, Laborer

10. Father's Birthplace, Baltimore City Md

Name of Medical Attendant, or other Person who makes this Return. J. K. Wiley MD

Address, 195 W. Lombard Street

Remarks,

HEALTH DEPARTMENT, JAN 2 1886 BALTIMORE, MD.

City Printers and Stationers.

RETURN OF A BIRTH

13504

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, JAN 4 1886 BALTIMORE, MD

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Dec 5. 1885
4. Place of Birth, (Street and Number) 107 Mulberry St.
5. Full Name of Mother, Mary Rooney
6. Mother's Maiden Name, n Lynch
7. Mother's Birthplace, Balt County
8. Full Name of Father, Jno Rooney
9. Father's Occupation, Living Stable
10. Father's Birthplace, Ireland

Name of Medical Attendant, or other Person who makes this Return Mahony Brown MD

Address, 68 McCulloh St.

Remarks,

D STATIONERS.

RETURN OF A BIRTH

83905

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
JAN 2 1886
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth, Dec 6th 1885

4. Place of Birth, (Street and Number) 34 Bank st.

5. Full Name of Mother, Sallie Medden

6. Mother's Maiden Name, " Port

7. Mother's Birthplace, City

8. Full Name of Father, William Medden

9. Father's Occupation, Insurance Agent

10. Father's Birthplace, City

Name of Medical Attendant, or other Person who makes this Return. Mrs Elizabeth Betz

Address, 120 Bank st

Remarks,

City Printers and Stationers.

RETURN OF A BIRTH

83806

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
JAN 2 1886
BALTIMORE, MD

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10th

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth, Dec 6th 1885

4. Place of Birth, (Street and Number) 39 Busk St

5. Full Name of Mother, Catherine Kimmerling

6. Mother's Maiden Name, " Bodine

7. Mother's Birthplace, City

8. Full Name of Father, Bernhard Kimmerling

9. Father's Occupation, Cooper

10. Father's Birthplace, City

Name of Medical Attendant, or other Person who makes this Return. Mrs Elizabeth Bell

Address, 120 Busk St.

Remarks,

City Printers and Stationers.

RETURN OF A BIRTH

83807

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
JAN 2 1936
BALTIMORE MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) .....

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* 6 of December
4. *Place of Birth, (Street and Number)* No 83 Welcome aly 6th ward
5. *Full Name of Mother,* Hester Johnson
6. *Mother's Maiden Name,* Hester Vale
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* George Vale
9. *Father's Occupation,* Oyster Shucker
10. *Father's Birthplace,* Pocomoke U S A

Name of Medical Attendant, or other Person who makes this Return. Mrs Gray

Address, 78 Welcome Aly

Remarks, ...

, City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT,
JAN 4 1886
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* Dec. 6, 1885

4. *Place of Birth, (Street and Number)* Maternité, 164 W Lombard St

5. *Full Name of Mother,* Mary Brown

6. *Mother's Maiden Name,* Do

7. *Mother's Birthplace,* Md

8. *Full Name of Father,* —

9. *Father's Occupation,* —

10. *Father's Birthplace,* —

Name of Medical Attendant, or other Person who makes this Return. William S. Gardner M.D.

Address, Maternité

Remarks,

City Printers and Stationers.

83809

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Fifth

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth December 6. 1885
4. Place of Birth, (Street and Number) 10 St Joseph st
5. Full Name of Mother, Lena Smith
6. Mother's Maiden Name, Hoffman
7. Mother's Birthplace, Baltimore Md.
8. Full Name of Father, Henry Smith
9. Father's Occupation, Currier
10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other Person who makes this Return. Mary A Allwell

Address, 286 McDonogh st

Remarks,

Co., City Printers and Stationers.

RETURN OF A BIRTH

83810

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, JAN 4 1886 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

Sex, (state whether male or female) Male.

Race or Color, (if not of the white race) —

Date of Birth, Dec. 7th 1885,

Place of Birth, (Street and Number) 260 Cross St.

Full Name of Mother, Johanna Reidenger

Mother's Maiden Name, " Busch.

Mother's Birthplace, Germany.

Full Name of Father, Philip Reidenger

Father's Occupation, Junk Dealer.

Father's Birthplace, Germany.

Name of Medical Attendant, or other Person who makes this Return. R. J. H. Tall, M. D.

Address, 152 Sharp St.

Remarks,

and Stationers.

RETURN OF A BIRTH

83811

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. *Sex, (state whether male or female)* Male

2. *Race or Color, (if not of the white race)*

3. *Date of Birth,* Dec 7th 1885

4. *Place of Birth, (Street and Number)* 53 Burke St

5. *Full Name of Mother,* Theresa Smitte

6. *Mother's Maiden Name,* " Hirsh

7. *Mother's Birthplace,* Germany

8. *Full Name of Father,* Edward Smitte

9. *Father's Occupation,* Grocer

10. *Father's Birthplace,* City

Name of Medical Attendant, or other Person who makes this Return. Mrs Elizabetta Belz

Address, 120 Burke St.

Remarks,

HEALTH DEPARTMENT JAN 2 1886 BALTIMORE MD.

City Printers and Stationers.

RETURN OF A BIRTH

83812

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
JAN 2 1886
BALTIMORE MD

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) .....

1. *Sex, (state whether male or ~~female~~)* .....
2. *Race or Color, (if not of the white race)* .....
3. *Date of Birth,* 7th December
4. *Place of Birth, (Street and Number)* 345 Hamburg st
5. *Full Name of Mother,* Elisebeth Mess
6. *Mother's Maiden Name,* Rudolph
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Frederick H. F. Mess
9. *Father's Occupation,* Bakery
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs Munch

Address, No 1 Leadenhall St

Remarks, ...

City Printers and Stationers.

RETURN OF A BIRTH

83813

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth, Dec 8th 1885

4. Place of Birth, (Street and Number) No 64 S Wolfe St

5. Full Name of Mother, Barbara Hemmeter

6. Mother's Maiden Name, " Beck

7. Mother's Birthplace, City

8. Full Name of Father, Frederic Hemmeter

9. Father's Occupation, Barber

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs Elizabeth Betz

Address, 120 Bank St

Remarks,

HEALTH DEPARTMENT JAN 2 1886 BALTIMORE MD.

City Printers and Stationers.

13814

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
JAN 12 1895
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st Child

1. Sex, (state whether male or female) Girl

2. Race or Color, (if not of the white race)

3. Date of Birth, 8 December 1894

4. Place of Birth, (Street and Number) Sharp Street 342

5. Full Name of Mother, Mary Meier

6. Mother's Maiden Name, Mary Meier

7. Mother's Birthplace, Germany

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return Boston

Address, Sharp Street 255

Remarks,

ERS AND STATIONERS.

RETURN OF A BIRTH

83815

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* 8 December
4. *Place of Birth, (Street and Number)* 103 Hamburg Street
5. *Full Name of Mother,* Susan Thomas
6. *Mother's Maiden Name,* Susan Wolford
7. *Mother's Birthplace,* Washington D.C.
8. *Full Name of Father,* Thomas Wolford
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Washington D.C.

Name of Medical Attendant, or other Person who makes this Return. Angiline Wilson

Address, 214 S. Howard St Balt

Remarks,

HEALTH DEPARTMENT, JAN 1886 BALTIMORE

Or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

Co., City Printers and Stationers.

83816

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

December th 9 1885

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* December th 9
4. *Place of Birth, (Street and Number)* Eight St No 3
5. *Full Name of Mother,* Mary Dyey
6. *Mother's Maiden Name,* Mary Carter
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* William Dyey
9. *Father's Occupation,* Tinner
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs R Caskey

Address, No 16 Heath St

Remarks, Doing well

HEALTH DEPARTMENT, JAN 13 1886 BALTIMORE MD.

Report its birth to the Commissioner of Health, in the manner and the provisions of this section, shall be subjected to the fine of ten (10) dollars or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

...hy & Co., City Printers and Stationers.

RETURN OF A BIRTH.

83817

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Child's Name Rena Pretine Spiess

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) ~~White~~ Male

2. Race or Color, (if not of the white race) White

3. Date of Birth Dec 9 5

4. Place of Birth, (Street and Number) 309 Light st

5. Full Name of Mother, Emilia Spiess

6. Mother's Maiden Name, " Ruegg

7. Mother's Birthplace, Balto

8. Full Name of Father, Charles Spiess

9. Father's Occupation, Machinist

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return. Dr. L. Buddenbohn

Address, 146 S. Paca St.

Remarks,

for each offence to be recovered as other fines and forfeitures are recoverable.

HEALTH DEPARTMENT
BALTIMORE MD

& Co., City Printers and Stationers.

RETURN OF A BIRTH

83818

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, JAN 2 1886 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Dec 9 1885

4. Place of Birth, (Street and Number) 153 Hubbard St East 6th

5. Full Name of Mother, Kate Glynn

6. Mother's Maiden Name, Kate McDonell

7. Mother's Birthplace, Ireland

8. Full Name of Father, Daeland

9. Father's Occupation, Laborer

10. Father's Birthplace, Ireland

Name of Medical Attendant, or other Person who makes this Return. Jas Kelly MD

Address, 195 W. Lombard Street

Remarks,

for each offense to be recovered as other fines and forfeitures are recoverable.

City Printers and Stationers.

RETURN OF A BIRTH

83 819

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, JAN 2 188[illegible] BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, December 10th 1885

4. Place of Birth, (Street and Number) 115 Leadenhall st

5. Full Name of Mother, Ernestine W. Dawson

6. Mother's Maiden Name, Ernestine W. Demme

7. Mother's Birthplace, Baltimore

8. Full Name of Father, William J. Dawson

9. Father's Occupation, Collar Maker

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs Minnick

Address, No 1 Leadenhall St

Remarks,

for each offence to be recovered as other fines and forfeitures are recoverable.

., City Printers and Stationers.

GIVEN NAME ADDED. 1-2-58

RETURN OF A BIRTH

B 2 8 2 0

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Dec 10th 1885

4. Place of Birth, (Street and Number) 260 Madison St

5. Full Name of Mother, Jenia Herpick

6. Mother's Maiden Name, " Menniken

7. Mother's Birthplace, Balto.

8. Full Name of Father, Henney Herpick

9. Father's Occupation, Cigar maker

10. Father's Birthplace, Balto.

Name of Medical Attendant, or other Person who makes this Return. Mrs Green

Address, 466 N Gay st

Remarks,

HEALTH DEPARTMENT, JAN 7 1886 BALTIMORE

persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the like penalties
or persons for each offence to be recovered as other fines and forfeitures are recoverable.

Co., City Printers and Stationers.

CORRECTION

The preceding document has been re-photographed to assure legibility and its image appears immediately hereafter.

RETURN OF A BIRTH

83819

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
JAN 2 188[illegible]
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, December 10th 1885

4. Place of Birth, (Street and Number) 115 Leadenhall st

5. Full Name of Mother, Ernestine W. Dawson

6. Mother's Maiden Name, Ernestine W. Demme

7. Mother's Birthplace, Baltimore

8. Full Name of Father, William J. Dawson

9. Father's Occupation, Collar Maker

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs Minnick

Address, No 1 Leadenhall St

Remarks,

for each offence to be recovered as other fines and forfeitures are recoverable.

, City Printers and Stationers.

GIVEN NAME ADDED 1-2-58

RETURN OF A BIRTH

3820

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, JAN 7 1886 BALTIMORE, MD.

Hattie Irene Herpich

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Dec 10th 1885
4. Place of Birth, (Street and Number) Madison st 260
5. Full Name of Mother, Jenea Herpick
6. Mother's Maiden Name, C. Merriken
7. Mother's Birthplace, Balto.
8. Full Name of Father, Henney Herpick
9. Father's Occupation, Cigar maker
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other Person who makes this Return. Mrs Groves

Address, 466 N Gay st

Remarks,

or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to the same penalty for each offence to be recovered as other fines and forfeitures are recoverable.

& Co., City Printers and Stationers.

RETURN OF A BIRTH

8382 1

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
JAN 4 1886
BALTIMORE MD

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Sixth

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Dec. 10th 85

4. Place of Birth, (Street and Number) No. 8 Bayard st

5. Full Name of Mother, Susie E. Marr

6. Mother's Maiden Name, " " Jenkins

7. Mother's Birthplace, Balto. Md

8. Full Name of Father, John H. Marr,

9. Father's Occupation, Street car driver

10. Father's Birthplace, Balto Md

Name of Medical Attendant, or other Person who makes this Return M. J. Lennon

Address, 50 S. Carrollton Ave

Remarks, Fine healthy child

any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

8382 2

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 12th

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

HEALTH DEPARTMENT DEC 16 1885 BALTIMORE MD.

3. Date of Birth December 10th 1885

4. Place of Birth, (Street and Number) No 758 Charles st.

5. Full Name of Mother, Rosina Wengert

6. Mother's Maiden Name, Rosina Wachter

7. Mother's Birthplace, Germany

8. Full Name of Father, Conrad Wengert

9. Father's Occupation, Laborer

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return. Catharine Hornung

Address, No 18 Byrd st

Remarks,

for each offence to be recovered as other fines and forfeitures are recoverable.

Co., City Printers and Stationers.

RETURN OF A BIRTH.

8382 3

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Third

Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth Dec 10 - 85

4. Place of Birth, (Street and Number) 212 Ridgely st.

5. Full Name of Mother, Katharine Bittner

6. Mother's Maiden Name, Weltach

7. Mother's Birthplace, Prussia

8. Full Name of Father, Charles Bittner

9. Father's Occupation, Laborer

10. Father's Birthplace, Prussia

Name of Medical Attendant, or other Person who makes this Return. Mary Koch

Address, 328 South Eutaw st

Remarks,

HEALTH DEPARTMENT, DEC 23 1885 BALTIMORE, MD.

for each offence to be recovered as other fines and forfeitures are recoverable.

& Co., City Printers and Stationers.

RETURN OF A BIRTH

83824

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) white

3. Date of Birth, December 11th

4. Place of Birth, (Street and Number) Baltimore Heath St. 36

5. Full Name of Mother, ida Elizabeth pickering

6. Mother's Maiden Name, watkins

7. Mother's Birthplace, Baltimore

8. Full Name of Father, john william pickering

9. Father's Occupation, laborer

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. Elizabeth Mathers

Address, No 530 light St

Remarks,

HEALTH DEPARTMENT, DEC 23 1885 BALTIMORE, MD.

for each offence to be recovered as other fines and forfeitures are recoverable.

...o., City Printers and Stationers.

83825

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
DEC 16 1885
BALTIMORE MD

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3d para

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth December 11th/85. 11. A.M
4. Place of Birth, (Street and Number) 157 N. Calhoun
5. Full Name of Mother, Pauline Carroll
6. Mother's Maiden Name, Pauline Courcelle
7. Mother's Birthplace, Guadeloupe W. I.
8. Full Name of Father, John Carroll
9. Father's Occupation, Hotel Clerk
10. Father's Birthplace, Portland Maine

Name of Medical Attendant, or other Person who makes this Return. A. H. Dacton M.D.

Address,

Remarks,

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

& Co., City Printers and Stationers.

RETURN OF A BIRTH.

8382

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
DEC 16 1885
BALTIMORE MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race)
3. Date of Birth December 11, 1885
4. Place of Birth, (Street and Number) 144 Mc Elderry St.
5. Full Name of Mother, Maria Henkel
6. Mother's Maiden Name, " Soinchenry
7. Mother's Birthplace, Balto. Md.
8. Full Name of Father, John Henkel
9. Father's Occupation, Barber
10. Father's Birthplace, Balto. Md.

Name of Medical Attendant, or other Person who makes this Return. Caroline Miller

Address, 45 Walker St. Balto. Md.

Remarks,

for each offence to be recovered as other fines and forfeitures are recoverable.

& Co., City Printers and Stationers.

NOTICE

The succeeding document was received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

83827

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT, DEC 28 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second Child

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 11 of December
4. *Place of Birth, (Street and Number)* No 6 New st
5. *Full Name of Mother,* Fannie Creak
6. *Mother's Maiden Name,* Fannie Bitner
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Chris Creak
9. *Father's Occupation,* Tailor
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs Ida Sadler

Address, No 5 New st

Remarks,

INTER & STATIONER, BALT.

RETURN OF A BIRTH

8828

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
JAN 2 1885
BALTIMORE MD

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8

1. *Sex, (state whether male or ~~female~~)*
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 11 Dec.
4. *Place of Birth, (Street and Number)* No 38 Patapsco St
5. *Full Name of Mother,* Amelia Wolf
6. *Mother's Maiden Name,* Shroeter
7. *Mother's Birthplace,* Germania
8. *Full Name of Father,* August Wolf
9. *Father's Occupation,* Shoemaker
10. *Father's Birthplace,* Germania

Name of Medical Attendant, or other Person who makes this Return. Mr Munch

Address, No 1 Leadenhall St,

Remarks,:

for each offence to be recovered as other fines and forfeitures are recoverable.

., City Printers and Stationers.

RETURN OF A BIRTH

8829

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
JAN 2 1886
BALTIMORE MD.

No. of Child of Mother, (state whether 1st, 2d, ~~3d~~, &c.)

1. Sex, (state whether male or ~~female~~)

2. Race or Color, (if not of the white race) White

3. Date of Birth, 11th December

4. Place of Birth, (Street and Number) 240 Sharp Street

5. Full Name of Mother, Carrie Paul

6. Mother's Maiden Name, Carrie White

7. Mother's Birthplace, Baltimore

8. Full Name of Father, John Paul

9. Father's Occupation, Piano Maker

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return, Mr Munch

Address, No 1 Leadenhall St

Remarks,

for each offence to be recovered as other fines and forfeitures are recoverable.

o., City Printers and Stationers.

RETURN OF A BIRTH

83830

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex, (state whether male or female)* Fem

2. *Race or Color, (if not of the white race)*

3. *Date of Birth,* Dec. 12

4. *Place of Birth, (Street and Number)* 85 N Caroline St

5. *Full Name of Mother,* Ida V. Hesse

6. *Mother's Maiden Name,* " " Smith

7. *Mother's Birthplace,* Balto.

8. *Full Name of Father,* Emile Hesse

9. *Father's Occupation,* Cake & Cracker business.

10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other Person who makes this Return. Edward [illegible]

Address, 82 Augusta St

Remarks,

HEALTH DEPARTMENT, DEC 24 1885 BALTIMORE MD.

, City Printers and Stationers.

RETURN OF A BIRTH

83831

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
DEC
BALTIMORE MD

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) —

3. Date of Birth, December 12 1885

4. Place of Birth, (Street and Number) Milliman St

5. Full Name of Mother Emma McNulty

6. Mother's Maiden Name, Emma

7. Mother's Birthplace,

8. Full Name of Father, James P. McNulty

9. Father's Occupation, Police Officer

10. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other Person who makes this Return G. F. Taylor. M.D.

Address, 1284 N. Broadway

Remarks,

PRINTERS AND STATIONERS

83832

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 12-8-85.
4. *Place of Birth, (Street and Number)* 97 Greenmount Ave.
5. *Full Name of Mother,* Mary Elmer
6. *Mother's Maiden Name,* " Day
7. *Mother's Birthplace,* New Jersey
8. *Full Name of Father,* C. L. Elmer
9. *Father's Occupation,* Laborer.
10. *Father's Birthplace,* New Jersey.

Name of Medical Attendant, or other Person who makes this Return. J. H. Robinson M. D.

Address, 25 1/2 Greenmount Ave

Remarks,

HEALTH DEPARTMENT JAN 14 1886 BALTIMORE, MD.

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

Co., City Printers and Stationers.

RETURN OF A BIRTH

8383 13

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, JAN 4 1886 BALTIMORE, MD

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) Black

3. Date of Birth, Dec. 12, 1885

4. Place of Birth, (Street and Number) Maternité, 161, W Lombard St

5. Full Name of Mother, Mary Burns

6. Mother's Maiden Name, do

7. Mother's Birthplace, MD

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return. William S. Gardner M.D.

Address, Maternité

Remarks,

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

Co., City Printers and Stationers.

RETURN OF A BIRTH

83834

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
JAN 2 1886
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st Child

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Dec 12th 1885

4. Place of Birth, (Street and Number) 87 Parkin Street

5. Full Name of Mother, Mary R. McGee

6. Mother's Maiden Name, Mary R. Thompson

7. Mother's Birthplace, Carroll Co Maryland

8. Full Name of Father, Michael J. McGee

9. Father's Occupation, Laborer

10. Father's Birthplace, Ireland

Name of Medical Attendant, or other Person who makes this Return. J. K. Riley M.D.

Address, 195 W. Lombard St

Remarks,

for each offense to be recovered as other fines and forfeitures are recoverable.

, City Printers and Stationers.

RETURN OF A BIRTH.

8385

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Second
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth*	December 12 1885
4. *Place of Birth, (Street and Number)*	65 Miller St
5. *Full Name of Mother,*	Maggie Weber
6. *Mother's Maiden Name,*	Spending
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	George Weber
9. *Father's Occupation,*	Baker
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other Person who makes this Return.	Mary E. Allen
Address,	286 McDonough St
Remarks,	

HEALTH DEPART... BALTIMORE

for each offence to be recovered as other fines and forfeitures are recoverable.

A Co., City Printers and Stationers.

83836

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 2 1886 BALTIMORE MD

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Second.
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	Dec. 13. 1885
4. Place of Birth (Street and Number)	176 Calhoun st
5. Full Name of Mother	Mamie Adams
6. Mother's Maiden Name	Mamie Slater
7. Mother's Birthplace	Baltimore Md
8. Full Name of Father	Geo Frederic Adams
9. Father's Occupation	Clerk
Father's Birthplace	Virginia
Name of Medical Attendant, or other Person who makes this Return.	H Boyd Wylie M.D.
Address	198 Saratoga st
Remarks	Baltimore Md.

83837

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
DEC 31 1895
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether male or female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Dec 13th 1895
4. *Place of Birth (Street and Number)* 12. McElderry St
5. *Full Name of Mother* Theresa Spillker
6. *Mother's Maiden Name* Bostell
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Alfred Spillker
9. *Father's Occupation* Merchant
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Lottia Sloane

Address Midwife

Remarks

RETURN OF A BIRTH

8838

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex, (state whether male or female)* Male

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* Dec. 1885

4. *Place of Birth, (Street and Number)* Maternite, 161 W. Lombard St.

5. *Full Name of Mother,* Annie Brooks

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,* MD

8. *Full Name of Father,*

9. *Father's Occupation,*

10. *Father's Birthplace,*

Name of Medical Attendant, or other Person who makes this Return. William S Gardner M.D.

Address, Maternite

Remarks,

HEALTH DEPARTMENT, JAN 4 1885 BALTIMORE, MD.

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83839

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, DEC 21 1885 BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3.

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) W Ucid.

3. Date of Birth December ~~Baltimore~~ 13 1885

4. Place of Birth, (Street and Number) ~~Calhoun 110~~ 110 Calhoun

5. Full Name of Mother, Louise Breidenbach

6. Mother's Maiden Name, Louise Hanaker

7. Mother's Birthplace, Nj New Jurez

8. Full Name of Father, Rudolf Breidenbach

9. Father's Occupation, Pine Maker Knabes

10. Father's Birthplace, Yourp

Name of Medical Attendant, or other Person who makes this Return. Mrs Hunter (Fazett)

Address, No 21 S Popplitom St 2 doors from

Remarks, No Benards to Make

for each offence to be recovered as other fines and forfeitures are recoverable.

& Co., City Printers and Stationers.

RETURN OF A BIRTH. 83840

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
DEC 16 1885
BALTIMORE MD

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth December 13th 1885
4. Place of Birth, (Street and Number) No 87 Fort ave
5. Full Name of Mother, Mary Ehlers
6. Mother's Maiden Name, Mary Bayne
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Louis Ehlers
9. Father's Occupation, Laborer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. Cathrine Hornung

Address, No 18 Byrd st

Remarks,

for each offence to be recovered as other fines and forfeitures are recoverable.

& Co., City Printers and Stationers.

RETURN OF A BIRTH

8841

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
DEC 16 1885
BALTIMORE MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th Child

Sex, (state whether male or female) Girl

2. Race or Color, (if not of the white race) White

3. Date of Birth, 13th of December 1885

4. Place of Birth, (Street and Number) 105 North Chapel street

5. Full Name of Mother, Kunnie Kirchmichel

6. Mother's Maiden Name, Kunnie Stiefenhofer

7. Mother's Birthplace, Germany

8. Full Name of Father, Max Stiefenhofer

9. Father's Occupation, Carpenter

Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return. Crescintia Kunkel

Address, 71 North Chapel street per Justina Kunkel

Remarks, Healthy

for each offence to be recovered as other fines and forfeitures are recoverable.

...o., City Printers and Stationers.

RETURN OF A BIRTH

83842

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
DEC 15 1885
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Sixth
Sex, (state whether male or female)	Female
Race or Color, (if not of the white race)	White
Date of Birth,	Dec 13/85
Place of Birth, (Street and Number)	# 99 Gough Street
Full Name of Mother,	Fannie Eichengreen
Mother's Maiden Name,	Fannie Greenewald
Mother's Birthplace,	Baltimore
Full Name of Father,	David Eichengreen
Father's Occupation,	Merchant
Father's Birthplace,	Germany
Name of Medical Attendant, or other Person who makes this Return	A Friedenwald
Address,	88 N Eutaw Street
Remarks,	

PRINTERS AND STATIONERS

13843

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* W.
3. *Date of Birth,* Dec. 13. 1885.
4. *Place of Birth, (Street and Number)* 11 Harlem Ave. (Old number)
5. *Full Name of Mother,* Marietta S. Myer,
6. *Mother's Maiden Name,* Swindell,
7. *Mother's Birthplace,* Camden, N. J.,
8. *Full Name of Father,* W. B. Myer,
9. *Father's Occupation,* Corn. Merchant,
10. *Father's Birthplace,* Balto. City,

Name of Medical Attendant, or other Person who makes this Return J. F. Ingle M. D.

Address, 247 Fawcett st.

Remarks,

HEALTH DEPARTMENT DEC 15 1885 BALTIMORE MD.

within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

PRINTERS AND STATIONERS.

RETURN OF A BIRTH

83844

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT, DEC 15 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Thirteenth 2

. Sex, (state whether male or female) Maine

. Race or Color, (if not of the white race) Mulatto

. Date of Birth, 13 Dec 1885

. Place of Birth, (Street and Number) 26 Shop alley

. Full Name of Mother, Annie Bundy

. Mother's Maiden Name, Annie Bundy

. Mother's Birthplace, Excep Co Va

. Full Name of Father, forth unknown

. Father's Occupation, unknown

). Father's Birthplace, unknown

Name of Medical Attendant, or other Person who makes this Return Haleth Howard

Address, No 65 arch St Bellomore

Remarks,

RS AND STATIONERS

NOTICE

The succeeding document was received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

83845

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

Sex, (state whether male or female) Female

2. *Race or Color, (if not of the white race)* Colored

3. *Date of Birth* born December 13 1885

4. *Place of Birth, (Street and Number)* 122 Harmony Lane

5. *Full Name of Mother,* Lizzie Tripp

6. *Mother's Maiden Name,* Lizzie Parker

7. *Mother's Birthplace,* Baltimore M D

8. *Full Name of Father,* William Tripp

9. *Father's Occupation,* Oyster Checker

10. *Father's Birthplace,* Baltimore M D

Name of Medical Attendant, or other Person who makes this Return. Mary C James

Address,

Remarks,

HEALTH DEPARTMENT
DEC 15 1885
BALTIMORE, MD.

for each offence to be recovered as other fines and forfeitures are recoverable.

& Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Dec. 13th 85
4. *Place of Birth, (Street and Number)*	302 Penn ave
5. *Full Name of Mother,*	Louisa Megary
6. *Mother's Maiden Name,*	" McMullin
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	J N Megary
9. *Father's Occupation,*	Merchant
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Thomas Opie
Address,	179 N. Howard St
Remarks,	

HEALTH DEPARTMENT, DEC 14 1885, BALTIMORE, MD.

PRINTER & STATIONER, BALT.

83847

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Fourth one

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth ~~302 Lancaster~~ st. 13 Dec 1885
4. Place of Birth, (Street and Number) 302 Lancaster st.
5. Full Name of Mother, Amelia R. Jacobs
6. Mother's Maiden Name, Amelia C. Hoffman
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Charles E. Jacobs
9. Father's Occupation, Sash Door & Blind Business
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. Susan Hunter

Address, 21 No Pappelton St

Remarks, Date of Birth / December 13 1885

HEALTH DEPARTMENT, DEC 22 1885 BALTIMORE, MD.

for each offence to be recovered as other fines and forfeitures are recoverable.

Co., City Printers and Stationers.

RETURN OF A BIRTH,

8348.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT, DEC 23 1885 BALTIMORE MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* December 13th, 1885
4. *Place of Birth, (Street and Number)* No. 45 Randal St, Balto, Md.
5. *Full Name of Mother* Clara Bradley
6. *Mother's Maiden Name* Clara Pette
7. *Mother's Birthplace* Cambridge, Md.
8. *Full Name of Father* John Bradley
9. *Father's Occupation* Carpenter
10. *Father's Birthplace* Baltimore County

Name of Medical Attendant, or other Person who makes this Return. Elizabeth Donaldson

Address 33 Bird Street

Remarks Mother and Child doing well

RETURN OF A BIRTH

83849

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, DEC 19 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

Sex, (state whether male or female) Female

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* Dec 13th 1885

4. *Place of Birth, (Street and Number)* 2 1/2 Battery Ave

5. *Full Name of Mother,* Kate Petty

6. *Mother's Maiden Name,* " Hamilton

7. *Mother's Birthplace,* Baltimore

8. *Full Name of Father,* Levin F. Petty

9. *Father's Occupation,* Mate on Boat

Father's Birthplace, Maine

Name of Medical Attendant, or other Person who makes this Return. Theodore Cooke M.D.

Address, 146 Hanover St. Jan 2 B

Remarks,

for each offence to be recovered as other fines and forfeitures are recoverable.

...o., City Printers and Stationers.

83850

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
DEC 20 1885
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 b bild

Sex, (state whether male or female) Female

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* 13 Dec. 1885

4. *Place of Birth, (Street and Number)* 369 Allasanna

5. *Full Name of Mother,* Elizebeth Prowford

6. *Mother's Maiden Name,* Diemond

7. *Mother's Birthplace,* Baltimore

8. *Full Name of Father,* William Prowford

9. *Father's Occupation,* Wood Turner

10. *Father's Birthplace,* Alecandria

Name of Medical Attendant, or other Person who makes this Return. Mrs Wiley

Address, No 12 Patterson Parkway

Remarks,

for each offense to be recovered as other fines and forfeitures are recoverable.

., City Printers and Stationers.

RETURN OF A BIRTH

8351

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
JAN 4 1886
BALTIMORE, MD

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Female.

2. Race or Color, (if not of the white race) White.

3. Date of Birth, Dec 13 1885

4. Place of Birth, (Street and Number) No 41 South Schroeder St. Baltimore

5. Full Name of Mother, Alex V. Long.

6. Mother's Maiden Name, Goodman.

7. Mother's Birthplace, City

8. Full Name of Father, Thos E. Long.

9. Father's Occupation, Boiler Maker

10. Father's Birthplace, Washington D. C.

Name of Medical Attendant, or other Person who makes this Return. Wm Kate Pollock.

Address, 37 South Schroeder St

Remarks,

City Printers and Stationers.

83852

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) fifth

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* December 14th 1885
4. *Place of Birth, (Street and Number)* 670 W. Balto.
5. *Full Name of Mother,* Fanny Rosenstein
6. *Mother's Maiden Name,* Fanny Yesmansky
7. *Mother's Birthplace,* Slonim Russia
8. *Full Name of Father,* Myer N. Rosenstein
9. *Father's Occupation,* Cutter
10. *Father's Birthplace,* Orlyca Russia

Name of Medical Attendant, or other Person who makes this Return. Mrs Annie Dunnell

Address, 60. North Schroeder St.

Remarks,

HEALTH DEPARTMENT
DEC 31 1885
BALTIMORE, MD.

City Printers and Stationers.

83853

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

. of [illegible]ld of Mother, (state whether 1st, 2d, 3d, &c.)	4
Sex, (state whether male or female)	Male
Race or Color, (if not of the white race)	White
Date of Birth,	Dec 14 1885
Place of Birth, (Street and Number)	173, William St
Full Name of Mother,	Ella Hartung
Mother's Maiden Name,	Ella Styles
Mother's Birthplace,	Pennsylvania
Full Name of Father,	Ernest. Hartung
Father's Occupation,	Livery Man
. Fat[illegible]s Birthplace,	Baltimore
Name of Medical Attendant, or other Person who makes this Return	H. B. Noble, Md
Address,	50 Warren Av
Remarks,	City

HEALTH DEPARTMENT, DEC 26 1885 BALTIMORE, MD.

RS AND STATIONERS

RETURN OF A BIRTH.

83852

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) One Child

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) Colored

3. Date of Birth Dec 14 1885

4. Place of Birth, (Street and Number) No 4 Mulberry Alley

5. Full Name of Mother, Annie Ross

6. Mother's Maiden Name, Annie Ross

7. Mother's Birthplace, Eastern Shore

8. Full Name of Father, William Henry Ross

9. Father's Occupation, Shoemaker

10. Father's Birthplace, ~~West~~ Washington City

Name of Medical Attendant, or other Person who makes this Return. Lucretia Harper

Address, 130 Register St

Remarks,

HEALTH DEPARTMENT, DEC 16 1885 BALTIMORE, MD.

Co., City Printers and Stationers.

RETURN OF A BIRTH.

8 3855

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, DEC 15 1885 BALTIMORE MD

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) Black

3. Date of Birth December 14th 1885

4. Place of Birth, (Street and Number) 21. Little Monument St-

5. Full Name of Mother, Georgianna Hopewell

6. Mother's Maiden Name, Georgianna Roberts

7. Mother's Birthplace, Virginia

8. Full Name of Father, John A Hopewell

9. Father's Occupation, Waiter

10. Father's Birthplace, Frederick Md.

Name of Medical Attendant, or other Person who makes this Return. A. J. Bell M D

Address, 234 Madison Avenue

Remarks, Baltimore Md.

Co., City Printers and Stationers.

RETURN OF A BIRTH

8385b

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Female.

2. Race or Color, (if not of the white race) White.

3. Date of Birth, 11th December

4. Place of Birth, (Street and Number) 93 South Washington St

5. Full Name of Mother, Amanda L. ~~Wilson~~ Matthews

6. Mother's Maiden Name, Amanda L. Mullin.

7. Mother's Birthplace, Baltimore

8. Full Name of Father, William F. Matthews.

9. Father's Occupation, Pilot.

10. Father's Birthplace, Baltimore.

Name of Medical Attendant, or other Person who makes this Return. Mary Horner.

Address, 171 Patterson Park Avenue.

Remarks,

HEALTH DEPARTMENT
DEC 23 1885
BALTIMORE MD

City Printers and Stationers.

RETURN OF A BIRTH.

8285

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, DEC 23 1885 BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) the first

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) color
3. Date of Birth the 14 of December
4. Place of Birth, (Street and Number) 142 Hill street
5. Full Name of Mother, Mary E moore
6. Mother's Maiden Name, Mattinoe
7. Mother's Birthplace, Mary Lave us
8. Full Name of Father, Oxford
9. Father's Occupation, Charley More
10. Father's Birthplace, Eador

Name of Medical Attendant, or other Person who makes this Return. Mulley

Address, 181 Jark street

Remarks,

Co., City Printers and Stationers.

RETURN OF A BIRTH.

8858

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth Dec. 14th 1885.

4. Place of Birth, (Street and Number) 1234 Battery Av.

5. Full Name of Mother, Barbara Meyd.

6. Mother's Maiden Name, Gunkser

7. Mother's Birthplace, Balto Md

8. Full Name of Father, Philip Meyd

9. Father's Occupation, Restaurant

10. Father's Birthplace, Balto Md

Name of Medical Attendant, or other Person who makes this Return. Mrs. Dena Hillegeist

Address, 1126 E Monument St

Remarks,

HEALTH DEPARTMENT
DEC 15
BALTIMORE MD

Co., City Printers and Stationers.

RETURN OF A BIRTH

83859

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 14 Dec 1885
4. *Place of Birth, (Street and Number)* 140 Register st
5. *Full Name of Mother,* Barbara Blotkamp
6. *Mother's Maiden Name,* Barbara Thin
7. *Mother's Birthplace,* Balto, Md
8. *Full Name of Father,* Valentine J Blotkamp
9. *Father's Occupation,* Shoemaker
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return. Mary Koptisch

Address, 69 N Washington st

Remarks,

HEALTH DEPARTMENT, JAN 4 1886 BALTIMORE, MD.

City Printers and Stationers.

83860

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, DEC 29 1885 BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	Negro
3. Date of Birth	Decem 14-1885
4. Place of Birth, (Street and Number)	118 Chestnut St
5. Full Name of Mother,	Jane Morgan
6. Mother's Maiden Name,	" Munsen
7. Mother's Birthplace,	Balto
8. Full Name of Father,	Wm. Morgan
9. Father's Occupation,	Coachman
10. Father's Birthplace,	Harford Co. Md.
Name of Medical Attendant, or other Person who makes this Return.	D Streett MD
Address,	143 N. Exeter St
Remarks,	

Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

13861

HEALTH DEPARTMENT
JAN 14 1886
BALTIMORE MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Dec. 14 85
4. *Place of Birth, (Street and Number)*	190 Constitution St.
5. *Full Name of Mother,*	Kate Shea
6. *Mother's Maiden Name,*	" Treadwell
7. *Mother's Birthplace,*	Md.
8. *Full Name of Father,*	Dan Shea
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	Md
Name of Medical Attendant, or other Person who makes this Return.	J. H. Robinson M.D.
Address,	251 Fremont Ave
Remarks,	

...o., City Printers and Stationers.

RETURN OF A BIRTH

f 3862

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT, DEC 19 1885 BALTIMORE MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2
Sex, (state whether male or female)	Female
Race or Color, (if not of the white race)	White
Date of Birth,	~~September 18th 1885~~
Place of Birth, (Street and Number)	398 Lexington St
Full Name of Mother,	Fanny Lauer
Mother's Maiden Name,	Dryfus
Mother's Birthplace,	Ohio
Full Name of Father,	Wm Lauer
Father's Occupation,	Merchant
Father's Birthplace,	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Thomas Opie M. D.
Address,	179 N. Howard St
Remarks,	

NTER & STATIONER, BALT.

RETURN OF A BIRTH.

838 63

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4 child

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth 14 December 1885
4. Place of Birth, (Street and Number) 68 Booth St
5. Full Name of Mother, Käthe Stehle
6. Mother's Maiden Name, Kathe Haufenmein
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Peter Stehle
9. Father's Occupation, Shoe Maker
10. Father's Birthplace, Binsdorf Württemberg

Name of Medical Attendant, or other Person who makes this Return. Susan Hunter

Address, 21 No Poppelton St

Remarks,

HEALTH DEPARTMENT, DEC 19 1885 BALTIMORE, MD.

Co., City Printers and Stationers.

RETURN OF A BIRTH.

8864

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Third Child

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) American. White
3. Date of Birth December 1st th 1885
4. Place of Birth, (Street and Number) No 77. Pearl Str. Baltimore Md
5. Full Name of Mother, Maria Magdelane Vitt
6. Mother's Maiden Name, Maria Magdelane McMahon
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, Gustave Adolph Vitt
9. Father's Occupation, Buttonhole Maker
10. Father's Birthplace, St Louis M.O

Name of Medical Attendant, or other Person who makes this Return. Susan Hunter

Address, 21 N. Payneton St

Remarks,

HEALTH DEPARTMENT, DEC 19 1885, BALTIMORE, MD.

Co., City Printers and Stationers.

RETURN OF A BIRTH

8385

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
DEC 19 1885
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 Presi[illegible]

1. Sex, (state whether male or female) Male Child

2. ~~Race or Color~~, (if not of the white race) White

3. Date of Birth, Born 14th Dec 1885

4. Place of Birth, (Street and Number) President St No 64.

5. Full Name of Mother, Anna Bennewitt

6. Mother's Maiden Name, Letze Philippi

7. Mother's Birthplace, Germany

8. Full Name of Father, Georg Bennewitt

9. Father's Occupation, Baker Keeper

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return. Sarah Carper 72 Lombard

Address,

Remarks, 7 Months Child Died of Weakness

City Printers and Stationers.

RETURN OF A BIRTH

8386

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Louise Mary Becker

No. of Child of Mother, (state whether 1st, 2d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth, Dec 14-1886

4. Place of Birth, (Street and Number) 186 Gennum st

5. Full Name of Mother, Louise Becker

6. Mother's Maiden Name, Louise Eirich

7. Mother's Birthplace, New York

8. Full Name of Father, Conrad Becker

9. Father's Occupation, Grocer

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs Munch

Address, No 1 Leadenhall St,

Remarks, GIVEN NAME ADDED. 10-28-53 L.M.

HEALTH DEPARTMENT, JAN 2 1887 BALTIMORE, MD.

, City Printers and Stationers.

RETURN OF A BIRTH.

8 3867

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT, JAN 4 1886 BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Smith (6
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	Colored
3. Date of Birth	14th December 1885
4. Place of Birth (Street and Number)	226 Saratoga St
5. Full Name of Mother	Elizabeth Roye
6. Mother's Maiden Name	" Smith
7. Mother's Birthplace	Baltimore Md
8. Full Name of Father	James H. Roye
9. Father's Occupation	Porter
10. Father's Birthplace	Richmond Va
Name of Medical Attendant, or other Person who makes this Return.	Winfield Winsey M.D
Address	116 E. Fayette St
Remarks	Natural Labor at full term

RETURN OF A BIRTH.

8388

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) First

1. *Sex, (state whether male or female)* Male

2. *Race or Color, (if not of the white race)*

3. *Date of Birth* December 14. 1885

4. *Place of Birth, (Street and Number)* 60 Dinkens Place

5. *Full Name of Mother,* Nellie O'Neil

6. *Mother's Maiden Name,* Hilzelburger

7. *Mother's Birthplace,* Virginia

8. *Full Name of Father,* Thos O'Neil

9. *Father's Occupation,* Bricklayer

10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Henry A Atwell

Address, 246 N Donogh St

Remarks,

HEALTH DEPART... BALTIMORE

For each offence to be received as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH

83869

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, JAN 2 1886 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, December the 15th 1885
4. Place of Birth, (Street and Number) 70 Welcome aly bet hanover & sharp
5. Full Name of Mother, Mary E. Brooks
6. Mother's Maiden Name, " " "
7. Mother's Birthplace, Calvert County Md. D
8. Full Name of Father, Jake Smith
9. Father's Occupation, Marble Dresser
10. Father's Birthplace, Eastern Shore V.A. Md

Name of Medical Attendant, or other Person who makes this Return. Mrs Gray

Address, 78 Welcome aly

Remarks,

City Printers and Stationers.

RETURN OF A BIRTH

83870

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
DEC 21 1905
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	a Pare
1. Sex, (state whether male or female)	female
2. Race or Color, (if not of the white race)	collard
3. Date of Birth,	15 of December
4. Place of Birth, (Street and Number)	Baltimore 216 Dager St
5. Full Name of Mother,	Harret Scott
6. Mother's Maiden Name,	Harret Blake
7. Mother's Birthplace,	West river
8. Full Name of Father,	Osiah Scott
9. Father's Occupation,	oysters Shucker
10. Father's Birthplace,	Baltimore city
Name of Medical Attendant, or other Person who makes this Return	Mary jane richardson
Address,	212 Dager St
Remarks,	the Mother and child is doing Well

CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

13871

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
DEC 21 1885
BALTIMORE MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth

1. *Sex, (state whether male or female)* Male

2. *Race or Color, (if not of the white race)* Brown

3. *Date of Birth,* Tuesday December 15 '85

4. *Place of Birth, (Street and Number)* #15 Waesche St

5. *Full Name of Mother,* Josephine A Banks

6. *Mother's Maiden Name,* Josephine Newton

7. *Mother's Birthplace,* Balto.

8. *Full Name of Father,* Joseph Banks

9. *Father's Occupation,* Waiter

10. *Father's Birthplace,* Cambridge Dorchester Co Md.

Name of Medical Attendant, or other Person who makes this Return Mary Jane Richardson

Address. #112 Dover Street

Remarks,

to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

INTERS AND STATIONERS.

83872

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
JAN 9 1886
BALTIMORE, MD.

. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6th
Sex, (state whether male or female)	Female
Race or Color, (if not of the white race)	White
Date of Birth,	15 Dec. 1885
Place of Birth, (Street and Number)	104 Parkin st
Full Name of Mother,	Mary Robertson
Mother's Maiden Name,	Helpling
Mother's Birthplace,	Baltimore
Full Name of Father,	Jesse Robertson
Father's Occupation,	Machinist
Father's Birthplace.	Baltimore
Name of Medical Attendant, or other Person who makes this Return	J. Wm Hood
Address,	594 W. Fayette
Remarks,	Fine baby

AND STATIONERS

NOTICE

The succeeding document was received in the same condition and microfilmed as shown.

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83873

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
DEC 24 1885
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth, December 15th 1885

4. Place of Birth, (Street and Number) 273 E. Madison St.

5. Full Name of Mother, Catherine McBride

6. Mother's Maiden Name, " Keyhan

7. Mother's Birthplace, Baltimore

8. Full Name of Father, William H. McBride

9. Father's Occupation, Salesman

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. Edward P. McDevitt

Address, 5 Hansyinth St

Remarks,

City Printers and Stationers.

RETURN OF A BIRTH.

838 74

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth 15 December
4. Place of Birth, (Street and Number) 25 Lewis St.
5. Full Name of Mother, Mary Peters
6. Mother's Maiden Name, " Fisher
7. Mother's Birthplace, Balt. Md.
8. Full Name of Father, Anton Peters
9. Father's Occupation, Oyster Schucker
10. Father's Birthplace, Spain

Name of Medical Attendant, or other Person who makes this Return. Mrs Rosa Illig

Address, 78 Holland St

Remarks, Balt

HEALTH DEPARTMENT
DEC 24 1885
BALTIMORE MD.

for each offence to be recovered as other fines are recovered.

Co., City Printers and Stationers.

RETURN OF A BIRTH.

8387

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth 15 December
4. Place of Birth, (Street and Number) 17 Union Ally
5. Full Name of Mother, Annie Brown
6. Mother's Maiden Name, " Wilson
7. Mother's Birthplace, Balt. Md
8. Full Name of Father, John Brown
9. Father's Occupation, Waiter
10. Father's Birthplace, Balt. Md.

Name of Medical Attendant, or other Person who makes this Return. Mrs Rosa Wiley

Address, 28 Holland St Balt.

Remarks,

HEALTH DEPARTMENT
DEC 24 1865
BALTIMORE MD

For each offence to be recovered as other fines and penalties are recovered.

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RETURN OF A BIRTH

83876

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, DEC 24 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* December 15th 1885
4. *Place of Birth, (Street and Number)* Cooksie street 212 Fourth point
5. *Full Name of Mother,* Sarah Jane Banks
6. *Mother's Maiden Name,* Sarah Jane Richardson
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* George Washington Banks
9. *Father's Occupation,* Junk Dealer
10. *Father's Birthplace,* North Carolina

Name of Medical Attendant, or other Person who makes this Return. Mrs Ettel

Address, 13 Cuba street

Remarks,

City Printers and Stationers.

RETURN OF A BIRTH.

83877

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth Dec 16th 1895
4. Place of Birth, (Street and Number) 1200 Ensor St.
5. Full Name of Mother, Mary Schindel
6. Mother's Maiden Name, Kreinter
7. Mother's Birthplace, Germany
8. Full Name of Father, Chris Schindel
9. Father's Occupation, Barber
10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs Dora Gillegent

Address, 1826 E Monument St

Remarks,

HEALTH DEPARTMENT JAN 2[illegible] 1896 BALTIMORE MD.

For each offence to be recovered as other fines and forfeitures are recoverable.

& Co., City Printers and Stationers.

RETURN OF A BIRTH 83878

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) American
3. Date of Birth, Dec 15th
4. Place of Birth, (Street and Number) Balto Md. S Paca st 426
5. Full Name of Mother, Elizabeth Margaret Kelly
6. Mother's Maiden Name, Elizabeth Margaret Lessner
7. Mother's Birthplace, Balto
8. Full Name of Father, J. W. Kelly
9. Father's Occupation, Rail roader
10. Father's Birthplace, Balto

Name of Medical Attendant, or other Person who makes this Return. Mrs. Bang

Address, # 426 - Cross Street

Remarks,

HEALTH DEPARTMENT DEC 31 1885 BALTIMORE MD.

City Printers and Stationers.

RETURN OF A BIRTH

83879

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT, JAN 4 1886 BALTIMORE, MD.

of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second.

Sex, (state whether male or female) Female

Race or Color, (if not of the white race) White

Date of Birth, Dec. 15th 1885

Place of Birth, (Street and Number) 223 N. Caroline St.

Full Name of Mother. Annie Long.

Mother's Maiden Name, " Voeglein

Mother's Birthplace, Baltimore City

Full Name of Father, Wm. C. Long

Father's Occupation, Hatter.

Father's Birthplace Baltimore City

Name of Medical Attendant, or other Person who makes this Return A. F. Erich M. D.

Address, 95 East Ave.

Remarks,

83880

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT, DEC 19 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex (state whether Male or Female) Boy
2. Race or Color (if not of the white race) White
3. Date of Birth Dec 15th 1885
4. Place of Birth (Street and Number) Federal st 341 N. W.
5. Full Name of Mother Mary C Smith Bo
6. Mother's Maiden Name Maxwell
7. Mother's Birthplace Bo city Md
8. Full Name of Father Edwin F Smith
9. Father's Occupation Commission Merchant
10. Father's Birthplace Bo city Md

Name of Medical Attendant, or other Person who makes this Return. M A Davenport

Address 88 S Ann st

Remarks Mother & Rabe doing Well

RETURN OF A BIRTH

83881

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
DEC 26 1885
BALTIMORE MD

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6 Child

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, 15 Deamber 1885

4. Place of Birth, (Street and Number) No 301 Alicanna St

5. Full Name of Mother, Elisabeth Kunnecke

6. Mother's Maiden Name, Elisabeth Schaffer

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Ferdenand H Kunnecke

9. Father's Occupation, Liquor Dealer

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs Wiley

Address, No 12 Patterson Park av

Remarks,

Mtg Printers and Stationers.

83882

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, DEC 21 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 15th of December
4. Place of Birth, (Street and Number) 191 South Washington st.
5. Full Name of Mother, Annie Kinnekker
6. Mother's Maiden Name, Annie Depthin.
7. Mother's Birthplace, Baltimore.
8. Full Name of Father, Henry Kinnekker
9. Father's Occupation, Labor
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs E. Fray

Address, 193 South Chester st

Remarks, Healthy Child

City Printers and Stationers.

13883

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
JAN 4 1886
BALTIMORE MD

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Seventh

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Dec. 15th. 1885

4. Place of Birth, (Street and Number) 504 W. Fayette St

5. Full Name of Mother, Mary T. Ryal

6. Mother's Maiden Name, " " Shane

7. Mother's Birthplace, Balto City

8. Full Name of Father, Wm. H. Ryal

9. Father's Occupation, Brick Layer

10. Father's Birthplace, Balto. City

Name of Medical Attendant, or other Person who makes this Return M. J. Lennon

Address, 50 S. Canollton Ave

Remarks, Time healthy child

to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

...NTERS AND STATIONERS.

RETURN OF A BIRTH

13-882

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT, JAN 4 1886 BALTIMORE MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Six 6 and dead.
Sex, (state whether male or female)	male.
Race or Color, (if not of the white race)	Colored
Date of Birth,	13 December 1885
Place of Birth, (Street and Number)	Wilmore Alley 13
Full Name of Mother,	Annie Robison
Mother's Maiden Name,	Annie Brown
Mother's Birthplace,	Baltimore
Full Name of Father,	Rais Robison
Father's Occupation,	Labor
Father's Birthplace,	Richmon Virginia
Name of Medical Attendant, or other Person who makes this Return	Eliza Foster
Address,	405 Vincent Ave.
Remarks,	very well.

RS AND STATIONERS

RETURN OF A BIRTH.

8 2885

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Second

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth 121 E Eager

4. Place of Birth, (Street and Number) December 15 1885

5. Full Name of Mother, Ida M Mills

6. Mother's Maiden Name, Brooks

7. Mother's Birthplace, Virginia

8. Full Name of Father, Thos A Mills

9. Father's Occupation, Silverplater

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mary A Mewell

Address, 286 McDonough St

Remarks,

HEALTH DEPARTMENT JAN 2 1886 BALTIMORE MD

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RETURN OF A BIRTH

o the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. 33886

HEALTH DEPARTMENT, JAN 4 1886 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Dec 15 1885

. Place of Birth, (Street and Number) 444 Mulberry St

5. Full Name of Mother, Mollie [redacted] Kroman

6. Mother's Maiden Name, " Edline

7. Mother's Birthplace, Balt City

8. Full Name of Father, Harry M. Kroman

9. Father's Occupation, Japanner

0. Father's Birthplace, Balt City

Name of Medical Attendant, or other Person who makes this Return Marbury Brown MD

Address, 68 N Caroll St

Remarks,

STATIONERS.

RETURN OF A BIRTH

f3887

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Boy.
2. Race or Color, (if not of the white race) White
3. Date of Birth, ~~Tuesday~~ Wednesday December 16th 1885.
4. Place of Birth, (Street and Number) 229 E Chase St.
5. Full Name of Mother, Eunice B. Jones
6. Mother's Maiden Name, Eunice B. Barnes
7. Mother's Birthplace, Carroll Co Md.
8. Full Name of Father, Victor L. Jones
9. Father's Occupation, Employee Consolidated Gas Co,
10. Father's Birthplace, Baltimore Co. Md.

Name of Medical Attendant, or other Person who makes this Return. J Wilmer Brinton M.D.

Address, Chase St & Forest Place

Remarks,

HEALTH DEPARTMENT DEC 21 1885 BALTIMORE MD.

City Printers and Stationers.

RETURN OF A BIRTH.

83888

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, DEC 26 1885 BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 7th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth December 16th 1885
4. Place of Birth, (Street and Number) No 2 Burglrough st
5. Full Name of Mother, Anna White
6. Mother's Maiden Name, Anna Batch
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Joseph White
9. Father's Occupation, Laborer
10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return. Catherine Hornung

Address, No 15 Byrd st

Remarks,

Co., City Printers and Staticuers.

RETURN OF A BIRTH

83.889

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
DEC 23 1885
BALTIMORE, MD

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Dec. 16th
4. *Place of Birth, (Street and Number)*	57 Park St.
5. *Full Name of Mother,*	Rosa M. Frederick,
6. *Mother's Maiden Name,*	Rosa M. Buschman
7. *Mother's Birthplace,*	Baltimore,
8. *Full Name of Father,*	Martin Frederick
9. *Father's Occupation,*	Hardware,
10. *Father's Birthplace,*	Baltimore,
Name of Medical Attendant, or other Person who makes this Return.	F. Jenkins
Address,	No. 2. Cathedral St.
Remarks,	

For a false answer to any question rendered in other lines and forfeitures are recoverable.

City Printers and Stationers.

83890

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
DEC 22 1885
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colors
3. Date of Birth, 16 December 1885
4. Place of Birth, (Street and Number) Yorks St 257
5. Full Name of Mother, Luby Cornish
6. Mother's Maiden Name, Luby Chester
7. Mother's Birthplace, Dorchester Co
8. Full Name of Father, Moses Cornish
9. Father's Occupation, Labor
10. Father's Birthplace, Dorchester Co

Name of Medical Attendant, or other Person who makes this Return Sarah Jane Wilson

Address, Yorkes St 252

Remarks,

to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

NTERS AND STATIONERS.

83891

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth Dec. 16th 1883
4. Place of Birth, (Street and Number) #490 Harford Ave.
5. Full Name of Mother, Annie Burkhardt
6. Mother's Maiden Name, " Kelly
7. Mother's Birthplace, Ireland
8. Full Name of Father, William Burkhardt
9. Father's Occupation, Restaurant
10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs. Dena Hillegeist

Address, #1828 Monumental St

Remarks,

HEALTH DEPARTMENT
DEC
BALTIMORE MD

for each Fence to be recovered as other fines and forfeitures are recoverable.

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83892

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, JAN 18 1886 BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 8 the

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* 16 of Dec
4. *Place of Birth, (Street and Number)* 388 Alice Anna St.
5. *Full Name of Mother,* Lizzi Fleischmann
6. *Mother's Maiden Name,* = Geiss
7. *Mother's Birthplace,* Balt
8. *Full Name of Father,* John Fleischmann
9. *Father's Occupation,* Labeln
10. *Father's Birthplace,* Balt

Name of Medical Attendant, or other Person who makes this Return. Mrs G. Weiss

Address, 424 Lancaster St.

Remarks,

or persons who shall hereafter fail to comply, [illegible] for each offence to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH

8389 3.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
DEC 3
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Sixth

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* December 16th 1885

4. *Place of Birth, (Street and Number)* 11 Pinkney Place

5. *Full Name of Mother,* Augusta Entwisle

6. *Mother's Maiden Name,* Augusta Skipper

7. *Mother's Birthplace,* Baltimore County

8. *Full Name of Father,* George Edwin Entwisle

9. *Father's Occupation,* Reporter

10. *Father's Birthplace,* Alexandria Virginia

Name of ~~Medical Attendant~~, or other Person who makes this Return. Mrs. Elizabeth Hamill

Address,

Remarks,

City Printers and Stationers.

RETURN OF A BIRTH

83894

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City,

HEALTH DEPARTMENT
DEC 19 1885
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7r

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* Dec 16 1885
4. *Place of Birth, (Street and Number)* No 10 Heath St.
5. *Full Name of Mother,* Betty Thomas
6. *Mother's Maiden Name,* Betty Pearce
7. *Mother's Birthplace,* Eastern Shore of Md
8. *Full Name of Father,* John Thomas
9. *Father's Occupation,* Clerk
10. *Father's Birthplace,* Baltimore city Md

Name of Medical Attendant, or other Person who makes this Return. E. Hinton

Address, No 688 South Charles st

Remarks,

For each offence to be recovered as other fines and forfeitures are recoverable.

City Printers and Stationers

83895

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, DEC 19 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Dec 16th 1885
4. *Place of Birth, (Street and Number)* 468 Light St
5. *Full Name of Mother,* Olive M. Cullen
6. *Mother's Maiden Name,* " " Ouding
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* James P. Cullen
9. *Father's Occupation,* Milk & Dairy
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Theodore Cooke M.D.

Address, 146 Hanover St

Remarks,

for each offence to be recovered as other fines and forfeitures are recoverable.

o., City Printers and Stationers.

NOTICE

The succeeding document was received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

RETURN OF A BIRTH.

~~83894~~ 83896

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
DEC 26 1885
BALTIMORE MD

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth 1885 16th December

4. Place of Birth, (Street and Number) No 2. N Poppleton st

5. Full Name of Mother, Maggie S Berry

6. Mother's Maiden Name, Maggie S Kavanaugh

7. Mother's Birthplace, Baltimore, Md.

8. Full Name of Father, William Berry

9. Father's Occupation, Barber

10. Father's Birthplace, Baltimore, Md.

Name of Medical Attendant, or other Person who makes this Return. Mrs Hunter

Address, 21 N. Poppleton St

Remarks,

Co., City Printers and Stationers.

RETURN OF A BIRTH

~~83987~~ 83897

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) White
3. Date of Birth 16 December 1885
4. Place of Birth, (Street and Number) Dorsey alley
5. Full Name of Mother, Elizabeth Flair
6. Mother's Maiden Name, Baltimore
7. Mother's Birthplace, William Flair
8. Full Name of Father, Labor
9. Father's Occupation, Baltimore County
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs Deloach

Address, West pratt st 434

Remarks,

HEALTH DEPARTMENT
JAN 4 1886
BALTIMORE, MD.

For each notice to be recovered as other fines and forfeitures are recovered.

Co., City Printers and Stationers.

RETURN OF A BIRTH

~~83988~~ 83898

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, Dec 16th 1885
4. Place of Birth, (Street and Number) 222 Eastern Ave
5. Full Name of Mother, Eliza Kermesa
6. Mother's Maiden Name, " Andreas
7. Mother's Birthplace, City
8. Full Name of Father, William Kermesa
9. Father's Occupation, Barber
10. Father's Birthplace, City

Name of Medical Attendant, or other Person who makes this Return. Mrs Elizabeth Betz

Address, 120 Bank St

Remarks,

HEALTH DEPARTMENT
JAN 2 1886
BALTIMORE, MD.

for each offence to be recovered as other fines and forfeitures are recoverable.

..., City Printers and Stationers.

RETURN OF A BIRTH

~~53999~~ 83899

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
JAN 2 1886
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	December 16th 1885
4. *Place of Birth, (Street and Number)*	No 8 N. High St.
5. *Full Name of Mother,*	Kate Feiser
6. *Mother's Maiden Name,*	Kate Tap
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	John Feiser
9. *Father's Occupation,*	Restaurant Keeper
10. *Father's Birthplace,*	Switzerland
Name of Medical Attendant, or other Person who makes this Return.	M. A. Butt
Address,	185 S.E. cor Central av. & Monument St
Remarks,	All Well.

City Printers and Stationers.

83900

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, DEC 31 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

Sex, (state whether male or female) female

2. *Race or Color, (if not of the white race)* white

3. *Date of Birth,* 17 Dezember 1885

4. *Place of Birth, (Street and Number)* No. 3 Castle st.

5. *Full Name of Mother,* Anna Ernst

6. *Mother's Maiden Name,* Anna Schweitzer

7. *Mother's Birthplace,* Neuterhausen Hessen Germanie

8. *Full Name of Father,* Conrad ~~Enr~~ Ernst

9. *Father's Occupation,* Maschinist

10. *Father's Birthplace,* Geismar Hessen Germanie

Name of Medical Attendant, or other Person who makes this Return Anna Schweikart

Address, No. 57 E Lombart st.

Remarks, noten

any person or persons who shall not enter fair to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

INTERS AND STATIONERS.

RETURN OF A BIRTH

1390 01

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, DEC 21 1885, BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1 st
[redacted] *Sex, (state whether male or female)*	Male.
2. *Race or Color, (if not of the white race)*	White.
3. *Date of Birth,*	December 17th 1885.
4. *Place of Birth, (Street and Number)*	317 N Carrollton Av.
5. *Full Name of Mother,*	Ida L Schmeyer.
6. *Mother's Maiden Name,*	Ida L. Webb.
7. *Mother's Birthplace,*	Baltimore City.
8. *Full Name of Father,*	E. B. F Otto Schmeyer.
9. *Father's Occupation,*	Salesman
10[redacted] *Father's Birthplace,*	Germany
Name of Medical Attendant, or other Person who makes this Return	John L Pennington M.D.
Address.	134 N Carrollton Av
Remarks.	

to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

NTERS AND STATIONERS.

NOTICE

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Every effort was made to assure legibility and completeness.

83902

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT, DEC 21 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Sixth Child [illegible]

Sex, (state whether male or female) Female and a [illegible]

Race or Color, (if not of the white race) White

Date of Birth, 17 of December

Place of Birth, (Street and Number) 91 ~~[illegible]~~ Druid Hill avenue

Full Name of Mother, Lizzie Wehrmann

Mother's Maiden Name, Lizzie Wacha

Mother's Birthplace, Country

Full Name of Father, Harry Wehrmann

Father's Occupation, Shoe Maker

Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs Ida Sadler

Address, No 5 New St

Remarks, the Child died Sunday Night at half Past Seven Infants Lock Jaw

TER & STATIONER, BALT.

RETURN OF A BIRTH

83903

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th Child

1. Sex, (state whether ~~male or~~ female)

2. Race or Color, (if not of the white race) White

3. Date of Birth, December the 17. 1885

4. Place of Birth, (Street and Number) Orleans St. No 312.

5. Full Name of Mother, Lizzie Betz

6. Mother's Maiden Name, Lizzie Hildebrand

7. Mother's Birthplace, Balto City

8. Full Name of Father, Jakob Betz

9. Father's Occupation, Taylor

10. Father's Birthplace, Balto City

Name of Medical Attendant, or other Person who makes this Return, Mary E. Müller

Address, N. Dallas St. No. 26

Remarks,

HEALTH DEPARTMENT, DEC 31 1885, BALTIMORE, MD.

City Printers and Stationers.

NOTICE

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Every effort was made to assure legibility and completeness.

RETURN OF A BIRTH

83904

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (state whether male or female)* Fem.
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 17th Dec.
4. *Place of Birth, (Street and Number)* 94 E. Lee St.
5. *Full Name of Mother,* Lena Block.
6. *Mother's Maiden Name,* " Isaac
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* George Block
9. *Father's Occupation,* Clerk
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Jno J Walker

Address, 123 N. Caroline St.

Remarks,

HEALTH DEPARTMENT
DEC 21 1885
BALTIMORE, MD.

For each offence to be recovered as other fines and forfeitures are recoverable.

Co., City Printers and Stationers.

RETURN OF A BIRTH

83905

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d, Male

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 17 December 1885.
4. Place of Birth, (Street and Number) 8 Low st.
5. Full Name of Mother, Anna Newman
6. Mother's Maiden Name, Leibowitz
7. Mother's Birthplace, Austria
8. Full Name of Father, Morris Newman
9. Father's Occupation, Cigar maker
10. Father's Birthplace, Austria

Name of Medical Attendant, or other Person who makes this Return. E Schirman

Address, Albemarle st N 26.

Remarks,

City Printers and Stationers.

RETURN OF A BIRTH

B3906

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
DEC 26 1885
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	Dec 17 1885
4. Place of Birth, (Street and Number)	98 East Chase St
5. Full Name of Mother,	Lucy May Reinicker
6. Mother's Maiden Name,	" " Yelland
7. Mother's Birthplace,	Balto.
8. Full Name of Father,	Levi Lischmeyer Reinicker
9. Father's Occupation,	Book Keeper
10. Father's Birthplace,	Balto.
Name of Medical Attendant, or other Person who makes this Return	Irving Miller
Address,	1792 E. Monument St
Remarks,	

CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

83907

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6

1. *Sex, (state whether male or female)* female

2. *Race or Color, (if not of the white race)*

3. *Date of Birth* Dec. 17. 1885

4. *Place of Birth, (Street and Number)* 56 Milliment Balto. Md

5. *Full Name of Mother,* Mary ~~John~~ Rabenaeu

6. *Mother's Maiden Name,* Sint

7. *Mother's Birthplace,* Germany

8. *Full Name of Father,* John Rabenaeu

9. *Father's Occupation,* Tanner

10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return. Caroline Miller

Address, # 5 Walker St. Balto. Md.

Remarks,

HEALTH DEPARTMENT
DEC 24 1885
BALTIMORE, MD.

for each offence to be recovered as other fines and forfeitures are recoverable.

Co., City Printers and Stationers.

RETURN OF A BIRTH. 83908

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Second

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth Dec 17

4. Place of Birth, (Street and Number) 14 Warren St.

5. Full Name of Mother, Ella Forsyth.

6. Mother's Maiden Name, " Bartlett

7. Mother's Birthplace, Baltimore

8. Full Name of Father, James Forsyth

9. Father's Occupation, Clerk

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. Hayward

Address, 328 South Eutaw St.

Remarks,

HEALTH DEPARTMENT, DEC 23 1885 BALTIMORE, MD.

...o., City Printers and Stationers.

CERTIFICATE CORRECTED 11-8-38

RETURN OF A BIRTH

83909

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Carrie C. Wentzel

HEALTH DEPARTMENT DEC 31 1885 BALTIMORE MD

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) white

3. Date of Birth, December the 14th

4. Place of Birth, (Street and Number) Baltimore Blumberry St

5. Full Name of Mother, Sarah F. (Sarl) ~~Wentzel~~ Wentzel nee Stilling

6. Mother's Maiden Name, " Stilling

7. Mother's Birthplace, Virginia ~~Virginia~~

8. Full Name of Father, William ~~(Wentzel)~~ Wentzel

9. Father's Occupation, laborer

10. Father's Birthplace, Frederick ~~(Frederick)~~ Md

Name of Medical Attendant, or other Person who makes this Return. Elizabeth Hatthorn

Address, Light st Md S. 32

Remarks,

for each offence to be recovered as other fines and forfeitures are recoverable.

, City Printers and Stationers.

RETURN OF A BIRTH

83910

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* Dec 17th 1883
4. *Place of Birth, (Street and Number)* 460 Calhoun St
5. *Full Name of Mother,* Mollie McNeil
6. *Mother's Maiden Name,* Mollie Cox
7. *Mother's Birthplace,* Balto Md
8. *Full Name of Father,* John McNeil
9. *Father's Occupation,* Stone Mason
10. *Father's Birthplace,* Balto Md

Name of Medical Attendant, or other Person who makes this Return. Mrs A Mesenzehl

Address, 398 Penna Ave

Remarks,

HEALTH DEPARTMENT
DEC 30 1883
BALTIMORE MD

...., City Printers and Stationers.

83911

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT DEC 22 1885 BALTIMORE, MD.

o. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	13
Sex, (state whether male or female)	female female
Race or Color, (if not of the white race)	Colored
Date of Birth,	Chapple street 53
Place of Birth, (Street and Number)	December 17. 1885
Full Name of Mother,	Henetta Pinknett age 38
Mother's Maiden Name,	Henetta Johnson
Mother's Birthplace,	Easton Shore
Full Name of Father,	John Pinknett yr
Father's Occupation,	Occupation Cooper age 50
Father's Birthplace,	Salisbury Co
Name of Medical Attendant, or other Person who makes this Return	Ellen Carson
Address,	24 Chapple street
Remarks,	near Chase street

S AND STATIONERS

RETURN OF A BIRTH

83912

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)	first
Sex, (state whether male or female)	female
Race or Color, (if not of the white race)	White
Date of Birth,	Dec. 17. 1885
Place of Birth, (Street and Number)	107 E Baltimore St
Full Name of Mother	Kate ~~Preiss~~ Wolf
Mother's Maiden Name,	Kate Preiss
Mother's Birthplace,	Baltimore
Full Name of Father,	David Wolf
Father's Occupation,	Merchant
Father's Birthplace,	Baltimore
Name of Medical Attendant, or other Person who makes this Return	A Friedenwald
Address,	88 N Eutaw Street
Remarks,	

HEALTH DEPARTMENT
DEC 18 1885
BALTIMORE MD.

RS AND STATIONERS

RETURN OF A BIRTH, 8391/2

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
DEC 19 1885
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
1. Sex (state whether male or female)	Male
2. Race or Color, (if not of the white race)	White
3. Date of Birth	Dec 17th 1885
4. Place of Birth, (Street and Number)	235 Columbia Ave
5. Full Name of Mother	Ella Smith
6. Mother's Maiden Name	Nock
7. Mother's Birthplace	Delaware
8. Full Name of Father	Walter W. Smith
9. Father's Occupation	Pharmacist
10. Father's Birthplace	Delaware
Name of Medical Attendant, or other Person who makes this Return.	J. H. Penney
Address	76 S Paca St
Remarks	

RETURN OF A BIRTH

823914

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Maude Eutha Smith

HEALTH DEPARTMENT, DEC 19 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9

Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Dec 17th 1885

4. Place of Birth, (Street and Number) No 542 Hanover st

5. Full Name of Mother, Reuth Smith

6. Mother's Maiden Name, Ruth McCulla

7. Mother's Birthplace, Frederic Co md

8. Full Name of Father, Reubin Smith

9. Father's Occupation, Fireman

10. Father's Birthplace, Frederic Co md

Name of Medical Attendant, or other Person who makes this Return. E. Hinton

Address, S 688 S Charles St

Remarks, GIVEN NAME ADDED. 7-16-53 h.m.

for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

8391S

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
DEC 19 1885
BALTIMORE MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1e

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race)
3. Date of Birth, den 17 ten December Nachmittags (Afternoon) 12 Uhr
4. Place of Birth, (Street and Number) S. Ann Street Nro 258
5. Full Name of Mother, Ellen Heins
6. Mother's Maiden Name, Wilkinson
7. Mother's Birthplace, Baltimore Md.
8. Full Name of Father, Patrick Heins
9. Father's Occupation, Labor
10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other Person who makes this Return. Christine Mahler Midwife

Address, S. Ann Street Nro 286 Fells point Baltimore Md.

Remarks,

ity Printers and Stationers.

83916

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, DEC 19 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Dec 17 1885

4. Place of Birth, (Street and Number) 256 Wm St

5. Full Name of Mother, Mary L Carlisle

6. Mother's Maiden Name, " " Kirwan

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Richd J Carlisle

9. Father's Occupation, Fireman

10. Father's Birthplace, Delaware

Name of Medical Attendant, or other Person who makes this Return. Theodore Cooke M.D.

Address, 146 Hanover St

Remarks,

City Printers and Stationers.

RETURN OF A BIRTH

83917

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, DEC 20 1885 BALTIMORE, MD

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, Dec 17 1885
4. Place of Birth, (Street and Number) 84 Style St
5. Full Name of Mother, Mary Watkins
6. Mother's Maiden Name, Mary Anderson
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Josiah B Watkins
9. Father's Occupation, Labor
10. Father's Birthplace, Brooklin Somerset Co

Name of Medical Attendant, or other Person who makes this Return. Susan Morgan

Address, 47 North Durham St

Remarks,

for each offence to be recovered as other fines and forfeitures are recoverable.

, City Printers and Stationers.

RETURN OF A BIRTH.

83918

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
DEC 20 1885
BALTIMORE, MD.

No. of Child of Mother, (state whether ~~1st, 2d, 3d, &c.~~) 3rd.

1. *Sex (state whether Male or ~~Female~~)* Male
2. *Race or Color (if not of the white race)* Colrd
3. *Date of Birth* December 17th 1885
4. *Place of Birth (Street and Number)* 120 Jasper St
5. *Full Name of Mother* Mary Matilda Hackett
6. *Mother's Maiden Name* " " Jones
7. *Mother's Birthplace* Maryland
8. *Full Name of Father* Moses Hackett
9. *Father's Occupation* ~~Laborer~~ Laborer
10. *Father's Birthplace* Maryland

Name of Medical Attendant, or other Person who makes this Return. D. Ringling M D

Address 152½ N. Eutaw St, Balty

Remarks

RETURN OF A BIRTH.

83919

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth 17 of November 1885

4. Place of Birth, (Street and Number) No 18 Eden Street

5. Full Name of Mother, Elizabeth Feldman

6. Mother's Maiden Name, Elizabeth Schweighart

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Louis Feldman

9. Father's Occupation, Laborer

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. Sabina Greshaber

Address, No 128 West St

Remarks,

HEALTH DEPARTMENT
DEC 1885
BALTIMORE MD.

for each offence to be recovered as other fines and forfeitures are recoverable.

Co., City Printers and Stationers.

RETURN OF A BIRTH.

83920

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
DEC 26 1885
BALTIMORE MD

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Ninth

1. *Sex (state whether male or female)* male
2. *Race or Color (if not of the white race)* white
3. *Date of Birth* Dec 17th 1885
4. *Place of Birth (Street and Number)* 228 Barret St
5. *Full Name of Mother* Minnie Lang
6. *Mother's Maiden Name* " Kichner
7. *Mother's Birthplace* Germany
8. *Full Name of Father* John Adam Lang
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. H. E. Coffroth M.D.

Address 205 W. Biddle St.

Remarks

RETURN OF A BIRTH

83921

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth, Dec 17th 188[illegible]

4. Place of Birth, (Street and Number) 57 Madeira Alley

5. Full Name of Mother, Anna Bertlein

6. Mother's Maiden Name, " Rudel

7. Mother's Birthplace, Germany

8. Full Name of Father, John Bertlein

9. Father's Occupation, Laborer

10. Father's Birthplace, Germany.

Name of Medical Attendant, or other Person who makes this Return. Mrs Elizabeth Belz

Address, 120 Bank St

Remarks,

HEALTH DEPARTMENT
JAN 2 1886
BALTIMORE

For each offence to be recovered as other fines and forfeitures are recoverable.

City Printers and Stationers.

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RETURN OF A BIRTH

82922

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
DEC 21 1885
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th.

Sex, (state whether male or female) Male

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* 18 of Dec 1885

4. *Place of Birth, (Street and Number)* Broad Exeter St

5. *Full Name of Mother,* Annie Ellerbeck

6. *Mother's Maiden Name,* " Hunt

7. *Mother's Birthplace,* Baltimore

8. *Full Name of Father,* Herbert Ellerbeck

9. *Father's Occupation,* Engineer

10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return, Geo. Walker

Address, 126 N Eutaw St.

Remarks,

for each offence to be recovered as other fines and forfeitures are recoverable.

Co., City Printers and Stationers.

83923

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, DEC 21 1885 BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 8

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* 18 of December
4. *Place of Birth, (Street and Number)* No 15 Elisabeth Lane
5. *Full Name of Mother,* Clara Hamphouse
6. *Mother's Maiden Name,* Clara Kline
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Bernard Hamphouse
9. *Father's Occupation,* Cigar maker
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Sabina Greshaber

Address, No 128 West St

Remarks,

for each offence to be recovered as other fines and forfeitures are recoverable.

& Co., City Printers and Stationers.

RETURN OF A BIRTH

83924

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
DEC 24 1885
BALTIMORE MD

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 nd

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)*

3. *Date of Birth,* Dec 18 / 85

4. *Place of Birth, (Street and Number)* 57 Bunn St.

5. *Full Name of Mother,* Mary Fagan

6. *Mother's Maiden Name,* " Killeen

7. *Mother's Birthplace,* Town Balto. Co. Md

8. *Full Name of Father,* Patrick Fagan

9. *Father's Occupation,* Horse keeper

10. *Father's Birthplace,* Ireland

Name of Medical Attendant, or other Person who makes this Return. Edward P. McGrath

Address, 52 Lexington St

Remarks,

City Printers and Stationers.

RETURN OF A BIRTH,

83925

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT, DEC 23 1885, BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3
1. *Sex (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth*	Dec 18 1885
4. *Place of Birth, (Street and Number)*	242 East Fayette St
5. *Full Name of Mother*	Mollie E Glaff
6. *Mother's Maiden Name*	Mollie E White
7. *Mother's Birthplace*	Baltimore Md
8. *Full Name of Father*	Robert E Glaff
9. *Father's Occupation*	Shirt Cutter
10. *Father's Birthplace*	Baltimore Md
Name of Medical Attendant, or other Person who makes this Return.	Amanda Marine
Address	175 North Eden St
Remarks	

RETURN OF A BIRTH

82926

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT, JAN 4 1886 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) Mulatto

3. Date of Birth, Dec 18th 1885

4. Place of Birth, (Street and Number) 495 Fremont St

5. Full Name of Mother, Maria Decker

6. Mother's Maiden Name, Evans

7. Mother's Birthplace, York Penn

8. Full Name of Father, Geo Decker

9. Father's Occupation, —

10. Father's Birthplace, York Penn

Name of Medical Attendant, or other Person who makes this Return Chas E Sadtler MD

Address, 565 Fremont St

Remarks,

...INTERS AND STATIONERS

83927

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 Child.

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Dec. 18 1885.
4. *Place of Birth, (Street and Number)* 183 Johnson st.
5. *Full Name of Mother,* Caroline Sachs.
6. *Mother's Maiden Name,* Seebode.
7. *Mother's Birthplace,* America.
8. *Full Name of Father,* Henry Sachs
9. *Father's Occupation,* Taylor
10. *Father's Birthplace,* America.

Name of Medical Attendant, or other Person who makes this Return. J. Lohwasser Midwife.

Address, 330 Hanover st.

Remarks,

HEALTH DEPARTMENT DEC 28 1885 BALTIMORE CITY

Report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

Co. City Printers and Stationers.

RETURN OF A BIRTH, 83928

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT, DEC 19 1885, BALTIMORE MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth

1. *Sex (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* Dec 18th 1885
4. *Place of Birth, (Street and Number)* 134 Columbia Ave
5. *Full Name of Mother* Agnes Hockerday
6. *Mother's Maiden Name* Duncan
7. *Mother's Birthplace* England
8. *Full Name of Father* Daniel Hockerday
9. *Father's Occupation* Mechanic
10. *Father's Birthplace* England

Name of Medical Attendant, or other Person who makes this Return. J H Murray

Address 76 E Pacca St

Remarks

13929

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
DEC 19 1885
BALTIMORE MD

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Seventh

Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth, Dec 18th 1885

4. Place of Birth, (Street and Number) No 22 Peabody St.

5. Full Name of Mother, Josephine Magness

6. Mother's Maiden Name, Mc Lure

7. Mother's Birthplace, Baltimore

8. Full Name of Father, John Magness

9. Father's Occupation, Chairmaker

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Louis Schulte

Address. No 246 E. Chase St.

Remarks,

any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

PRINTERS AND STATIONERS.

RETURN OF A BIRTH

83930

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 2

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Dec 18th 1885
4. Place of Birth, (Street and Number) Near Bail Road Eighth
5. Full Name of Mother, Alice Etherson
6. Mother's Maiden Name, Alice Smith
7. Mother's Birthplace, Frederic Co Md
8. Full Name of Father, William Etherson
9. Father's Occupation, Laborer
10. Father's Birthplace, Frederic Co Md

Name of Medical Attendant, or other Person who makes this Return. E Hinton

Address, No 686 S Charles St

Remarks,

HEALTH DEPARTMENT, DEC 19 1885, BALTIMORE MD.

For persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

No. 53931

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* colored
3. *Date of Birth,* Dec 18 1885
4. *Place of Birth, (Street and Number)* 110 S Dallas st
5. *Full Name of Mother,* Ada Moore
6. *Mother's Maiden Name,* Ada White
7. *Mother's Birthplace,* Talorate Co
8. *Full Name of Father,* Anderson White
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Virginia

Name of Medical Attendant, or other Person who makes this Return Susan Morgan

Address, 47 North Durham St

Remarks,

HEALTH DEPARTMENT DEC 20 1885 BALTIMORE MD

any person or persons who shall neglect or fail to comply with any of the requirements of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

83932

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6

1. *Sex, (state whether male or female)* Male

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth* 18 December 1888

4. *Place of Birth, (Street and Number)* No. 16 Elizabeth Land

5. *Full Name of Mother,* Ellen Fitz Gerald

6. *Mother's Maiden Name,* Ellen Garner

7. *Mother's Birthplace,* Ireland

8. *Full Name of Father,* James Fitz Gerald

9. *Father's Occupation,* Labor

10. *Father's Birthplace,* Ireland

Name of Medical Attendant, or other Person who makes this Return. Sabina Grecher

Address, No. 128 West St

Remarks,

HEALTH DEPARTMENT
DEC 21 15
BALTIMORE MD.

for each offence to be recovered as other fines and forfeitures are recoverable.

t Co., City Printers and Stationers.

RETURN OF A BIRTH.

839033

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth Dec 18th 1895
4. Place of Birth, (Street and Number) # 578 W. Balto St
5. Full Name of Mother, Lizzie Mc. Clatchy
6. Mother's Maiden Name, Lizzie Hunter
7. Mother's Birthplace, Baltimore
8. Full Name of Father, George Mc. Clatchy
9. Father's Occupation, Plumber & Gas Fitter
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs. Hunter

Address, 21 Appropellan St

Remarks,

HEALTH DEPARTMENT DEC 26 1895 BALTIMORE

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RETURN OF A BIRTH.

833934

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
DEC 28 1885
BALTIMORE MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* Dec 18th 1885
4. *Place of Birth (Street and Number)* Ivy Alley # 2
5. *Full Name of Mother* Mrs. Jane D. Turner
6. *Mother's Maiden Name*
7. *Mother's Birthplace* West River
8. *Full Name of Father* James Turner
9. *Father's Occupation* Tar Porter
10. *Father's Birthplace*

Name of Medical Attendant, or other Person who makes this Return. Mrs Jane D. Castor

Address # 17 Hamilton St

Remarks

83935

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
JAN 2 1886
BALTIMORE MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Eleven

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth December 18 1885

4. Place of Birth, (Street and Number) 519 E Eager st

5. Full Name of Mother, Catharine Seward

6. Mother's Maiden Name, Kachles

7. Mother's Birthplace, Baltimore Md.

8. Full Name of Father, Jas. G Seward

9. Father's Occupation, Baltimore Md

10. Father's Birthplace, Cooper

Name of Medical Attendant, or other Person who makes this Return. Mary A Allwell

Address, 284 McDonough st

Remarks,

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

A Co., City Printers and Stationers.

RETURN OF A BIRTH

83936

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JAN [illegible] BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) Colloid

3. Date of Birth, December 18th 1885

4. Place of Birth, (Street and Number) No. 4 Edward St.

5. Full Name of Mother, Sarah King

6. Mother's Maiden Name, Sarah Anderson

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Daniel King

9. Father's Occupation, Oyster House Boss

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. M. A. Batt

Address, 185 S.E. cor Central av. & Monument St.

Remarks, All Well

City Printers and Stationers.

RETURN OF A BIRTH

83937

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) third

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Dec 19th 1885

4. Place of Birth, (Street and Number) 170 South Eutaw st

5. Full Name of Mother, Helen Schulz

6. Mother's Maiden Name, Helen Gunther

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Peter B. A. Schulz

9. Father's Occupation, Tin & Sheet Iron Worker

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs Annie Dunbar

Address, 60 North Schroeder Street

Remarks,

HEALTH DEPARTMENT
DEC 31 1885
BALTIMORE, MD.

City Printers and Stationers.

83938

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, December 19th 1885

4. Place of Birth, (Street and Number) 282 Scott St

5. Full Name of Mother, ~~Huntley~~ Laura Gordon

6. Mother's Maiden Name, Laura Smith

7. Mother's Birthplace, Baltimore Md

8. Full Name of Father, Huntley Gordon

9. Father's Occupation, Mechanic

10. Father's Birthplace, Va

Name of Medical Attendant, or other Person who makes this Return. J. R. Shinner, M.D.

Address,

Remarks,

HEALTH DEPARTMENT, DEC 21 1885 BALTIMORE, MD.

for each offence to be recovered as other fines and surrenders are recovered.

, City Printers and Stationers.

RETURN OF A BIRTH 83939

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8ter Child

1. Sex, (state whether male ~~or female~~)

2. Race or Color, (if not of the white race) White

3. Date of Birth, Dezember the 19, 1885

4. Place of Birth, (Street and Number) No Spring St. No 10.

5. Full Name of Mother, Anna Schmidt

6. Mother's Maiden Name, Anna Jost

7. Mother's Birthplace, New York. U S.

8. Full Name of Father, Georg Schmidt

9. Father's Occupation, Bottler maker

10. Father's Birthplace, Balte City

Name of Medical Attendant, or other Person who makes this Return, Mary E. Müller

Address, N. Dallas St. No 26

Remarks,

HEALTH DEPARTMENT
DEC 21 '85
BALTIMORE, MD

City Printers and Stationers.

RETURN OF A BIRTH

83940

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
JAN 9 1886
BALTIMORE MD

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	colrd
3. *Date of Birth,*	19th December
4. *Place of Birth, (Street and Number)*	102 Henrietta street
5. *Full Name of Mother,*	Emma Payne
6. *Mother's Maiden Name,*	Emma Payne
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	George Payne
9. *Father's Occupation,*	Laborn
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Angeline Wilson
Address,	314 E. Howard st.
Remarks,	

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH 83941

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
JAN 11 1886
BALTIMORE MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d Boy

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth, 19 December 1885
4. Place of Birth, (Street and Number) 134 Low st.
5. Full Name of Mother, Mary Jacob
6. Mother's Maiden Name, Steiner
7. Mother's Birthplace, Hungria
8. Full Name of Father, Morris Jacob
9. Father's Occupation, Butcher
10. Father's Birthplace, Hungria

Name of Medical Attendant, or other Person who makes this Return. E Schirman

Address, Albemarle st N 26

Remarks,

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

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13942

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, JAN 18 1886 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) White

3. Date of Birth, December 19/85

4. Place of Birth, (Street and Number) 17 N. Pine st

5. Full Name of Mother, Margaret Bell

6. Mother's Maiden Name, Springer

7. Mother's Birthplace, Md.

8. Full Name of Father, John Bell

9. Father's Occupation, Carpenter

Father's Birthplace, Balto

Name of Medical Attendant, or other Person who makes this Return E. O. Lewis

Address, 162 Hanover st

Remarks,

Any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

...INTERS AND STATIONERS.

RETURN OF A BIRTH

8394-3

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
DEC 26 1885
BALTIMORE MD

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) The fourth child

1. *Sex, (state whether male or female)* A girl child

2. *Race or Color, (if not of the white race)* Dark colored

3. *Date of Birth,* The ninth day of December

4. *Place of Birth, (Street and Number)* No 28 Pierce Street

5. *Full Name of Mother,* Mrs Sophia A Williams

6. *Mother's Maiden Name,* Sophia T Williams

7. *Mother's Birthplace,* Baltimore City

8. *Full Name of Father,* George Henry Williams

9. *Father's Occupation,* Porter in Store

10. *Father's Birthplace,* Richmond Virginia

Name of Medical Attendant, or other Person who makes this Return Mary Mahone

Address, No 29 Lewis Street

Remarks, and death going well

& CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

83944

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, DEC 24 1895 BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Jewish
3. Date of Birth 19 December
4. Place of Birth, (Street and Number) 214 S Broadway
5. Full Name of Mother, Annie Krulewith
6. Mother's Maiden Name, " Bonnet
7. Mother's Birthplace, Balt Md
8. Full Name of Father, Isaak Krulewith
9. Father's Occupation, Notion Store
10. Father's Birthplace, ~~Balt~~ New York

Name of Medical Attendant, or other Person who makes this Return. Mrs Rosa Wolf

Address, 42 Holland St

Remarks, Balt.

Co., City Printers and Stationers.

83945

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth* 19 December
4. *Place of Birth, (Street and Number)* 29 Low St
5. *Full Name of Mother,* Mary Young
6. *Mother's Maiden Name,* Mackey
7. *Mother's Birthplace,* Europe
8. *Full Name of Father,* Charles Young
9. *Father's Occupation,* Gardner
10. *Father's Birthplace,* Europe

Name of Medical Attendant, or other Person who makes this Return. Mrs Rosa Mbid

Address, 48 Holand St

Remarks, Balt

HEALTH DEPARTMENT
DEC 24 1883
BALTIMORE, MD.

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

y & Co., City Printers and Stationers.

RETURN OF A BIRTH

83946

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 dt

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* Dec 19. 1885

4. *Place of Birth, (Street and Number)* Cooker St No 48

5. *Full Name of Mother,* Ann Land

6. *Mother's Maiden Name,* Ann Brogan

7. *Mother's Birthplace,* England

8. *Full Name of Father,* Thomas Land

9. *Father's Occupation,* Laborer

10. *Father's Birthplace,* Ireland

Name of Medical Attendant, or other Person who makes this Return. Mrs E Mel

Address, No 13 Cube St

Remarks,

HEALTH DEPARTMENT
DEC 24 1885
BALTIMORE

For each offence to be recovered as other fines and forfeitures are recoverable.

..., City Printers and Stationers.

NOTICE

The succeeding document was received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

83947

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, DEC 24 1885

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Three

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* 1885 On 19th of December
4. *Place of Birth, (Street and Number)* In the City of Baltimore on Rock st. No. 28
5. *Full Name of Mother,* Mary Maloney
6. *Mother's Maiden Name,* Mary Tuttle.
7. *Mother's Birthplace,* In the City of Baltimore
8. *Full Name of Father,* Louis Maloney
9. *Father's Occupation,* Coffee Roaster
10. *Father's Birthplace,* In the City of Baltimore.

Name of Medical Attendant, or other Person who makes this Return. Susan Hunter

Address, 21 No Poppelton St

Remarks,

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

y & Co., City Printers and Stationers.

RETURN OF A BIRTH

83948

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

HEALTH DEPARTMENT
DEC. 20 1885
BALTIMORE MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. *Sex, (state whether male or female)* female

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* Dec. 19th 1885.

4. *Place of Birth, (Street and Number)* 133 Moher

5. *Full Name of Mother,* Laura Virginia Wright

6. *Mother's Maiden Name,* Wright

7. *Mother's Birthplace,* Balto. Co.

8. *Full Name of Father,* Jno. W. Wright

9. *Father's Occupation,* Carpenter

10. *Father's Birthplace,* Balto. City.

Name of Medical Attendant, or other Person who makes this Return J. H. Christian M.D.

Address, 506 Madison Ave.

Remarks,

PRINTERS AND STATIONERS.

RETURN OF A BIRTH

83949

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, DEC 27 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd Child

1. Sex, (state whether male or female) Boy

2. Race or Color, (if not of the white race) White

3. Date of Birth, 19th of December 1885

4. Place of Birth, (Street and Number) Cor Madison and Chester

5. Full Name of Mother, Emma Heckert

6. Mother's Maiden Name, Emma Witzelberger

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Henry Witzelberger

9. Father's Occupation, Butcher

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. Crescintia Kunkel

Address, 71 North Chapel street per Justina Kunkel

Remarks, Healthy.

for each offence to be recovered as other fines and forfeitures are recoverable.

, City Printers and Stationers.

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The succeeding document was received in the same condition and microfilmed as shown.

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RETURN OF A BIRTH

83950

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, DEC 19 1895 BALTIMORE MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) first

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth, 19 Decm

4. Place of Birth, (Street and Number) No 422 Madison St.

5. Full Name of Mother, Augusta Prolinger

6. Mother's Maiden Name, Lesse

7. Mother's Birthplace, Balt

8. Full Name of Father, Jacob Prolinger

9. Father's Occupation, Runner & Gas fitter

10. Father's Birthplace, Balt

Name of Medical Attendant, or other Person who makes this Return Louisa Schulte

Address, No 246 E Chew St

Remarks,

duty of the parents to [illegible] within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

[illegible] PRINTERS AND STATIONERS.

RETURN OF A BIRTH, 83951

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT, DEC 23 1885 BALTIMORE, MD.

[redacted] *Child of Mother, (state whether 1st, 2d, 3d, &c.)* Second

1. *Sex (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* Saturday ~~19th~~ December 19, 1885
4. *Place of Birth, (Street and Number)* Light St. 693
5. *Full Name of Mother* Sarah Elizabeth Wentford
6. *Mother's Maiden Name* Sarah Elizabeth Morrison
7. *Mother's Birthplace* Baltimore, Md.
8. *Full Name of Father* Henry Wentford
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Balto., Md.

[redacted] *ame of Medical Attendant,* or other Person who makes this Return. Elizabeth Donaldson

Address 33 Bird St.

Remarks

83952

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* white race
3. *Date of Birth,* December the 19th
4. *Place of Birth, (Street and Number)* Baltimore Cross St No 2nd
5. *Full Name of Mother,* Margret McCarley
6. *Mother's Maiden Name,* Lauterback
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Danial McCarley
9. *Father's Occupation,* labour
10. *Father's Birthplace,* irland

Name of Medical Attendant, or other Person who makes this Return. Elizabeth Hathorn

Address, light St No 532

Remarks,

HEALTH DEPARTMENT DEC 31 1885 BALTIMORE, MD.

for each offence to be recovered as other fines and forfeitures are recoverable.

..., City Printers and Stationers.

RETURN OF A BIRTH

8395 (3

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, 19th Dec.

4. Place of Birth, (Street and Number) 244 Conway St Balto M. D.

5. Full Name of Mother, Christina Daughton

6. Mother's Maiden Name, Christina Euler

7. Mother's Birthplace, Staunton Virginia

8. Full Name of Father, Jos. D. Daughton

9. Father's Occupation, Iron Moulder

10. Father's Birthplace, Towsentown Balto Co.

Name of Medical Attendant, or other Person who makes this Return. Mrs. Bouge

Address, 426 Cross Street

Remarks,

HEALTH DEPARTMENT DEC 31 1885 BALTIMORE, MD.

City Printers and Stationers.

83954

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) the first Child

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* of the White Race

3. *Date of Birth,* on the 19th of December

4. *Place of Birth, (Street and Number)* Baltimore. No 214 Burgunder alley

5. *Full Name of Mother,* Annie Johnson

6. *Mother's Maiden Name,* Annie Hayslup

7. *Mother's Birthplace,* Baltimore

8. *Full Name of Father,* Joseph Johnson

9. *Father's Occupation,* Glass Blower.

10. *Father's Birthplace,* England

Name of Medical Attendant, or other Person who makes this Return. Mrs Bauge

Address, 426 " Cross " street

Remarks,

HEALTH DEPARTMENT DEC. 31 1885 BALTIMORE

City Printers and Stationers.

RETURN OF A BIRTH

8395

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
JAN 4 1886
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* 27 Dec 1885

4. *Place of Birth, (Street and Number)* 324 S Bond st

5. *Full Name of Mother,* Mary Bauer

6. *Mother's Maiden Name,* Mary Kofroth

7. *Mother's Birthplace,* Bohemia

8. *Full Name of Father,* John Bauer

9. *Father's Occupation,* Tailor

10. *Father's Birthplace,* Bohemia

Name of Medical Attendant, or other Person who makes this Return. Mary Kofroth

Address, 674 Washington

Remarks,

for each offence to be recovered as other fines and forfeitures are recovered.

, City Printers and Stationers.

8295 b

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
JAN 18 1886
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fifth

Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, December 17th

4. Place of Birth, (Street and Number) 1 Heath st

5. Full Name of Mother, Elizebeth ~~Jane~~ Clark

6. Mother's Maiden Name, " Jenkins

7. Mother's Birthplace, Virginia

8. Full Name of Father, John Clark

9. Father's Occupation, Carpenter

Father's Birthplace, Balto

Name of Medical Attendant, or other Person who makes this Return C. A. Lewis

Address, 162 Hanover st

Remarks,

any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

PRINTERS AND STATIONERS.

RETURN OF A BIRTH

83957

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 b child

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, 19 Dec 1885

4. Place of Birth, (Street and Number) 409 b canton avenue

5. Full Name of Mother, Mary Elizabeth haywood

6. Mother's Maiden Name, Taylor

7. Mother's Birthplace, Baltimore

8. Full Name of Father, James haywood

9. Father's Occupation, Mechanist

10. Father's Birthplace, England

Name of Medical Attendant, or other Person who makes this Return. Mrs Wiley

Address, No 12 Patterson Park av

Remarks,

HEALTH DEPARTMENT
DEC 28 1885
BALTIMORE MD

for each offense to be recovered as other fines and forfeitures are recoverable.

, City Printers and Stationers.

RETURN OF A BIRTH.

8398

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth 19 of December 1835

4. Place of Birth, (Street and Number) No. 15 Wall St

5. Full Name of Mother, Bell Eslen

6. Mother's Maiden Name, Ball Jane

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Geo. Eslen

9. Father's Occupation, Laborer

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. Sabina Greenhaber

Address, No 128 West St

Remarks,

HEALTH DEPARTMENT
DEC 21 1835
BALTIMORE, MD.

for each offence to be recovered as other fines and forfeitures are recoverable.

& Co., City Printers and Stationers.

83959

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
DEC 26 1885
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Dec 19th 1885
4. *Place of Birth, (Street and Number)* 189 Lee St
5. *Full Name of Mother,* Lucy M E Birkhead
6. *Mother's Maiden Name,* " " " Wheatley
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Wm R Birkhead
9. *Father's Occupation,* Car Conductor
10. *Father's Birthplace,* A A Co Md

Name of Medical Attendant, or other Person who makes this Return. Theodore Cooke M D

Address, 146 Hanover St

Remarks,

Report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

k Co., City Printers and Stationers.

RETURN OF A BIRTH

83960

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
DEC 31 1883
BALTIMORE MD

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) white

3. Date of Birth, December 18 1883

4. Place of Birth, (Street and Number) 102 South Fulton avenue

5. Full Name of Mother, Lisse Diefenbach Dec.

6. Mother's Maiden Name, Lesse

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Johann Heinrich Diefenbach

9. Father's Occupation, Lutsher

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return. E Duncan

Address, No 827 Lombard St

Remarks,

for each offence to be recovered as other fines and forfeitures are recoverable.

o., City Printers and Stationers.

RETURN OF A BIRTH.

83961

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	11th Child
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	White
3. Date of Birth	Dec 19th 1886
4. Place of Birth, (Street and Number)	Baltimore 267 Asquith St.
5. Full Name of Mother,	Mary Ann Kess
6. Mother's Maiden Name,	Mary Ann Miller
7. Mother's Birthplace,	New York
8. Full Name of Father,	Isaac Kess
9. Father's Occupation,	Telegraph Operator
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Catharine M. Bedford
Address,	141 Orleans St.
Remarks,	

HEALTH DEPARTMENT JAN BALTIMORE

for each offence to be recovered as other fines and forfeitures are recoverable.

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111

RETURN OF A BIRTH

83962

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT, JAN 4 1886 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th or 11

Sex, (state whether male or female) Mail

Race or Color, (if not of the white race) Color

Date of Birth, December 17 1885.

Place of Birth, (Street and Number) 30 Rose Street

Full Name of Mother, Laura Jo. Jones

Mother's Maiden Name, Laura Jo. Johnson.

Mother's Birthplace, M. D.

Full Name of Father, George W. Jones.

Father's Occupation, Waiter

Father's Birthplace, Baltimore City M. D.

Name of Medical Attendant, or other Person who makes this Return Mrs. Laura Carrick

Address, No. 13 Jordan Alley Baltimore MD

Remarks,

TERS AND STATIONERS

RETURN OF A BIRTH

8396

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth, Dec 19th 1883

4. Place of Birth, (Street and Number) 43 Chester st.

5. Full Name of Mother, Lizzie Schmidt

6. Mother's Maiden Name, " Kurtz

7. Mother's Birthplace, City

8. Full Name of Father, George Schmidt

9. Father's Occupation, Cutter

10. Father's Birthplace, City

Name of Medical Attendant, or other Person who makes this Return. Mrs Elizabeth Betz

Address, 120 Bank st.

Remarks,

HEALTH DEPARTMENT JAN 2 1884 BALTIMORE, MD.

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

Co., City Printers and Stationers.

83964

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6 sd Child of one mother

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, 20th day of December

4. Place of Birth, (Street and Number) 92 North Amity Street

5. Full Name of Mother, Mrs. Anna Ruettinger

6. Mother's Maiden Name, Miss Anna Kirchner

7. Mother's Birthplace, Baltimore Md

8. Full Name of Father, Mr Mikel K. Ruettinger

9. Father's Occupation, Tailor

10. Father's Birthplace, Bevaria Europe

Name of Medical Attendant, or other Person who makes this Return. Mrs Annie Dunnler

Address, 60. North Schroeder St.

Remarks,

HEALTH DEPARTMENT
DEC 31 1885
BALTIMORE, MD.

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

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83965

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, DEC 22 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. *Sex, (state whether male or female)* F

2. *Race or Color, (if not of the white race)* W

3. *Date of Birth,* Dec 20. 1885

4. *Place of Birth, (Street and Number)* 2133 W. Lanvale st,

5. *Full Name of Mother,* Josie H. Reese,

6. *Mother's Maiden Name,* Lancaster,

7. *Mother's Birthplace,* Balto. City,

8. *Full Name of Father,* Wm M. Reese,

9. *Father's Occupation,* Clerk,

10. *Father's Birthplace,* Harford Co, Md,

Name of Medical Attendant, or other Person who makes this Return J. F. Engle M.D.

Address, 247 Lanvale st

Remarks,

Within the period above required, except in the cases of the births and deaths of illegitimate children, all any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

PRINTERS AND STATIONERS.

RETURN OF A BIRTH

83966

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT, DEC 22 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9d.

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth, December 20 1885

4. Place of Birth, (Street and Number) 378 Division St

5. Full Name of Mother, Mary Gillian

6. Mother's Maiden Name, " Cochran

7. Mother's Birthplace, Ireland

8. Full Name of Father, Michael Gillian

9. Father's Occupation, watchman -

10. Father's Birthplace, Ireland

Name of Medical Attendant, or other Person who makes this Return A. Tinsley M.D.

Address, 386 Druid Hill Ave

Remarks,

CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

8396

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race)
3. Date of Birth, 20th December 1885
4. Place of Birth, (Street and Number) No 54 James all
5. Full Name of Mother,
6. Mother's Maiden Name, Henrietta Rees
7. Mother's Birthplace, Baltimore
8. Full Name of Father, —
9. Father's Occupation, —
10. Father's Birthplace, —

Name of Medical Attendant, or other Person who makes this Return Boston

Address, Sharp Street 253

Remarks,

any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

82968

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

December 20 1885

HEALTH DEPARTMENT JAN 13 1886 BALTIMORE MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth December 9 1885
4. Place of Birth, (Street and Number) William St No 111
5. Full Name of Mother, Ly Emmy Mylett
6. Mother's Maiden Name, Emmy Coleman
7. Mother's Birthplace, Eastern Shore
8. Full Name of Father, John Mylett
9. Father's Occupation, Mechanic
10. Father's Birthplace, Baltimore
- Name of Medical Attendant, or other Person who makes this Return. Mrs H. A. Easley
- Address, Heath St. No 16
- Remarks, Doing well

or person who shall hereafter fail to comply with the provisions of this section, shall for each offence to be recovered as other fines and forfeitures are recoverable.

y & Co., City Printers and Stationers.

RETURN OF A BIRTH

83969

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d Michael

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, 20 December 1886

4. Place of Birth, (Street and Number) 6½ Lombard

5. Full Name of Mother, Sarah C. Goffberger

6. Mother's Maiden Name, " Goldsder

7. Mother's Birthplace, Austria

8. Full Name of Father, Chas C. Goffberger

9. Father's Occupation, Milk man

10. Father's Birthplace, Austria

Name of Medical Attendant, or other Person who makes this Return. E Schirman

Address, Albemarle st & 26

Remarks,

for each offence to be recovered as other fines and forfeitures are recoverable.

..., City Printers and Stationers.

NOTICE

The succeeding document was received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

RETURN OF A BIRTH 12970

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* Brown complexion

3. *Date of Birth,* December 20th 1885

4. *Place of Birth, (Street and Number)* 73 Hargrove Alley

5. *Full Name of Mother,*

6. *Mother's Maiden Name,* Henrietta Bailey

7. *Mother's Birthplace,* Baltimore

8. *Full Name of Father,*

9. *Father's Occupation,*

10. *Father's Birthplace,*

Name of Medical Attendant, or other Person who makes this Return. Amelia Johnson

Address, 6 Hamilton St

Remarks,

HEALTH DEPARTMENT DEC 24 1885 BALTIMORE MD

for each offence to be recovered as other fines and forfeitures are recoverable.

, City Printers and Stationers.

RETURN OF A BIRTH.

83971

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Ninth (9)

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth Dec 20th 1885
4. Place of Birth, (Street and Number) Chestnut St # 220
5. Full Name of Mother, Virginia Hilte
6. Mother's Maiden Name, V. Miller
7. Mother's Birthplace, Balto Md
8. Full Name of Father, Ferdinand Hilte
9. Father's Occupation, Stone Mason
10. Father's Birthplace, Firstenthum Lichtenstein

Name of Medical Attendant, or other Person who makes this Return. Susan Hunter

Address, 21 No Pappelton St

Remarks,

HEALTH DEPARTMENT DEC 24 1885 BALTIMORE, MD.

for each offence to be recovered as other fines and forfeitures are recoverable.

Co., City Printers and Stationers.

RETURN OF A BIRTH

8397 2

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
DEC 24 1885
BALTIMORE MD

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	December 20.
4. *Place of Birth, (Street and Number)*	Townsend St. Locust Point
5. *Full Name of Mother,*	Louise Woelm
6. *Mother's Maiden Name,*	Louise Poppe
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	Adolph Woelm
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other Person who makes this Return.	Mrs. Ettel
Address,	100 13. Cuba St
Remarks,	Baltimore

Report is due to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH

83973

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 20th Dec 1885
4. *Place of Birth, (Street and Number)* 443 Barrett
5. *Full Name of Mother,* Josie Stapleton
6. *Mother's Maiden Name,* " " Brown
7. *Mother's Birthplace,* Balt.
8. *Full Name of Father,* Richard Stapleton
9. *Father's Occupation,* Passenger Conductor B & O.
10. *Father's Birthplace,* Balt

Name of Medical Attendant, or other Person who makes this Return. H W Webster Md

Address, 101 Barrett

Remarks.

HEALTH DEPARTMENT DEC 30 1885

Report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

Co., City Printers and Stationers.

83974

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, DEC 30 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) [illegible]

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* Dec 20th 1885
4. *Place of Birth, (Street and Number)* 184 Mullberry St
5. *Full Name of Mother,* Katie Litz
6. *Mother's Maiden Name,* Katie Holz
7. *Mother's Birthplace,* Balto md
8. *Full Name of Father,* Jos. Litz
9. *Father's Occupation,* Turner
10. *Father's Birthplace,* Balto md

Name of Medical Attendant, or other Person who makes this Return. Mrs C Meserwehl

Address, 398 Penna ave

Remarks,

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

Co., City Printers and Stationers.

RETURN OF A BIRTH

83975

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, DEC 30 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* Dec 20 1885
4. *Place of Birth, (Street and Number)* Eutaw Place
5. *Full Name of Mother,* Annie Mcgee
6. *Mother's Maiden Name,* Annie O. Neil
7. *Mother's Birthplace,* Balto md
8. *Full Name of Father,* John Mcgee
9. *Father's Occupation,* Blacksmith
10. *Father's Birthplace,* Balto md

Name of Medical Attendant, or other Person who makes this Return. Mrs A Mesenzahl

Address, 398 Pennan

Remarks,

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

Co., City Printers and Stationers.

RETURN OF A BIRTH.

8397

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth 26 of September 1885
4. Place of Birth, (Street and Number) No. 78 Johnson St
5. Full Name of Mother, Barbara Rice
6. Mother's Maiden Name, Barbara Wehmer
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Nicklas Rice
9. Father's Occupation, Shipcarpenter
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. Sabina Grabales

Address, No. 18 West St

Remarks,

HEALTH DEPARTMENT DEC 21 1885

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

y & Co., City Printers and Stationers.

83977

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, DEC 21 1885 BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* 20 of December
4. *Place of Birth, (Street and Number)* No. 142 Hughes St
5. *Full Name of Mother,* Kate Sturm
6. *Mother's Maiden Name,* Kate Katterbach
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Chores Sturm
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Sabina Greshaber

Address, No. 128 West St

Remarks,

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

y & Co., City Printers and Stationers.

RETURN OF A BIRTH. 82978

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 8 "

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) W
3. Date of Birth Dez 20 " 85
4. Place of Birth, (Street and Number) 186 Fairmount Ave
5. Full Name of Mother, Maggie Tegges
6. Mother's Maiden Name, " Miller
7. Mother's Birthplace, Balt.
8. Full Name of Father, Nickolas Tegges
9. Father's Occupation, Butcher
10. Father's Birthplace, Balt.
- Name of Medical Attendant, or other Person who makes this Return. Mrs Goetzka
- Address, 35 S. Bond St
- Remarks,

HEALTH DEPARTMENT
DEC 26 18[illegible]
BALTIMORE MD

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

y & Co., City Printers and Stationers.

RETURN OF A BIRTH

82979

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
DEC
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* ~~Negro~~
3. *Date of Birth,* December 20 th. 1885
4. *Place of Birth, (Street and Number)* 394 W. Henry Street
5. *Full Name of Mother,* Mary Krauss
6. *Mother's Maiden Name,* Mary Kupferman
7. *Mother's Birthplace,* Baltimore Md.
8. *Full Name of Father,* Ferdinand Joseph Krauss
9. *Father's Occupation,* Carpenter
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

or person who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH.

83980

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, JAN 2 1886 BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* Colord
3. *Date of Birth* dec 20th 1885
4. *Place of Birth, (Street and Number)* 315. S. Eutaw st
5. *Full Name of Mother,* lizzy West
6. *Mother's Maiden Name,* lizzy Sanders
7. *Mother's Birthplace,* kent conty
8. *Full Name of Father,* henry West
9. *Father's Occupation,* Sabor
10. *Father's Birthplace,* Virgina

Name of Medical Attendant, or other Person who makes this Return. Mary ann dorsey

Address, 64 Elbow lane

Remarks, five dollars

or person who shall hereafter fail to comply with the provisions of this section, shall be subjected to the same, and fail to be made for each offence to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH

83981

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, JAN 4 1886 BALTIMORE, MD

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Dec 20 1885

4. Place of Birth, (Street and Number) Maternite, 161 W Lombard St

5. Full Name of Mother, Cora M Lellon

6. Mother's Maiden Name, Do

7. Mother's Birthplace, Pa

8. Full Name of Father, ——

9. Father's Occupation, ——

10. Father's Birthplace, ——

Name of Medical Attendant, or other Person who makes this Return. William S Gardner M.D.

Address, Maternite

Remarks,

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH

82982

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) ~~Male~~ First

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Dec 29, [illegible]

4. Place of Birth, (Street and Number) Maternite, 164 N. Lombard St.

5. Full Name of Mother, Mamie Smith

6. Mother's Maiden Name, D—

7. Mother's Birthplace, Md

8. Full Name of Father, —

9. Father's Occupation, —

10. Father's Birthplace, —

Name of Medical Attendant, or other Person who makes this Return. William F. Garrod M.D.

Address, Maternite

Remarks,

HEALTH DEPARTMENT, JAN 4 1886 BALTIMORE, MD.

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

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83983

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, JAN 4 1886 BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth 20th December 1885
4. Place of Birth, (Street and Number) 19 Barletts street,
5. Full Name of Mother, Anna Yockiewig. Daniety
6. Mother's Maiden Name, Anna Barring
7. Mother's Birthplace, Germany
8. Full Name of Father, John Daniety
9. Father's Occupation, Laborer
10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs E Seebach

Address, 439 W Pratt street

Remarks,

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

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83984

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, JAN 4 1886 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 20 Dec 85
4. *Place of Birth, (Street and Number)* 440 Hurden
5. *Full Name of Mother,* Maggie Rudolph
6. *Mother's Maiden Name,* Maggie Schriefer
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* George Rudolf
9. *Father's Occupation,* Shoemaker
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return. Mary Koptsch

Address, 69 W Washington St

Remarks,

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

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83981

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, JAN 4 1886 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 20 Dec 1885
4. *Place of Birth, (Street and Number)* 265 N Ann St
5. *Full Name of Mother,* Mary Koretska
6. *Mother's Maiden Name,* Mary Zvorsack
7. *Mother's Birthplace,* Bohemia
8. *Full Name of Father,* Frank Koretska
9. *Father's Occupation,* Tailor
10. *Father's Birthplace,* Bohemia

Name of Medical Attendant, or other Person who makes this Return. Mary Koptish

Address, 69 N Washington St

Remarks,

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

...o., City Printers and Stationers.

RETURN OF A BIRTH

8396

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Dec 20 [illegible]

4. Place of Birth, (Street and Number) 1 Park Ave

5. Full Name of Mother, Caroline Feusch

6. Mother's Maiden Name, Caroline Kellner

7. Mother's Birthplace, Germany

8. Full Name of Father, Fredrick Feusch

9. Father's Occupation, Tailor

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return. F. K. Riley M.D.

Address, 125 W. Lombard Baltimore City M.D.

Remarks,

HEALTH DEPARTMENT JAN 2 1886 BALTIMORE, MD.

for each offense to be recovered as other fines and forfeitures are recoverable.

, City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

83987

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Birth

Sex, (state whether male or female) Female

Race or Color, (if not of the white race) White

Date of Birth, 20th December

Place of Birth, (Street and Number) 34 Park ave

Full Name of Mother, Emma Kuhner. Hess.

Mother's Maiden Name, Emma Kuhner.

Mother's Birthplace, Germany Hess.

Full Name of Father, Martin Taila

Father's Occupation, Germany

Father's Birthplace, Wks.

Name of Medical Attendant, or other Person who makes this Return. Eda Sadler

Address, No. 5 New St.

Remarks, X.

HEALTH DEPARTMENT, JAN 2 1886, BALTIMORE, MD.

INTER & STATIONER, BALT.

RETURN OF A BIRTH

82987

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
JAN 2 1886
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Sixth
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	20th December
4. Place of Birth, (Street and Number)	94 Park ave
5. Full Name of Mother,	Emma ~~Kuhnel~~ Hess.
6. Mother's Maiden Name,	Emma Kuhnel.
7. Mother's Birthplace,	Germany
8. Full Name of Father,	Martin Hess.
9. Father's Occupation,	Tailor
10. Father's Birthplace,	Germany
Name of Medical Attendant, or other Person who makes this Return.	Dr. Eda Sadler.
Address,	No. 5 West 11
Remarks,	X.

PRINTER & STATIONER, BALT.

RETURN OF A BIRTH

82988

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth, Dec 20th 1885

4. Place of Birth, (Street and Number) 265 Eastern Ave

5. Full Name of Mother, Louisa Singley

6. Mother's Maiden Name, Hellweg

7. Mother's Birthplace, City

8. Full Name of Father, Henry Singley

9. Father's Occupation, Milk Dealer

10. Father's Birthplace, City

Name of Medical Attendant, or other Person who makes this Return. Mrs Elizabeth Bitz

Address, 120 Bank St

Remarks,

HEALTH DEPARTMENT
JAN 2 1886
BALTIMORE MD

for each offence to be recovered as other fines and forfeitures are recoverable.

...o., City Printers and Stationers.

83989

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* 21 Dec
4. *Place of Birth, (Street and Number)* nebough st No 12
5. *Full Name of Mother,* Lizza Cubina
6. *Mother's Maiden Name,* " Green
7. *Mother's Birthplace,* Vidg
8. *Full Name of Father,* Richard Cubina
9. *Father's Occupation,* Labor
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other Person who makes this Return. Harriet Jackson

Address, 14 Douglass

Remarks,

HEALTH DEPARTMENT DEC 31 1885 BALTIMORE

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

City Printers and Stationers.

83990

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) December 21 1885

1. Sex, (state whether male or female) female child

2. Race or Color, (if not of the white race) Colored child

3. Date of Birth, was Born on 21 of December 1885

4. Place of Birth, (Street and Number) Chesnut No 137 Street

5. Full Name of Mother, Marg E. Jones

6. Mother's Maiden Name, Marg E. Preston

7. Mother's Birthplace, Baltimore City

8. Full Name of Father, Joseph J. Jones

9. Father's Occupation, Occupation Waiter

10. Father's Birthplace, Baltimore City.

Name of Medical Attendant, or other Person who makes this Return Darkey Tomlin

Address, No 134 Chesnut St

Remarks,

HEALTH DEPARTMENT, DEC 26 1885 BALTIMORE, MD.

Within the period above required, except in the cases of this birth and deaths of this section shall be subject any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

PRINTERS AND STATIONERS.

83991

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
DEC 24 1883
BALTIMORE MD

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd.

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) Colored

3. Date of Birth Dec. 21 St. 83

4. Place of Birth (Street and Number) 95 Clifford St.

5. Full Name of Mother Susan Ross

6. Mother's Maiden Name Susan Evans

7. Mother's Birthplace Balt.

8. Full Name of Father Geo. Ross

9. Father's Occupation Coachman

10. Father's Birthplace Balt.

Name of Medical Attendant, or other Person who makes this Return. R. M. Hall

Address 262 Sharp St.

Remarks

NOTICE

The succeeding document was received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

83992

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, DEC 24 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Dec: 21st
4. *Place of Birth, (Street and Number)*	184 Saratoga St
5. *Full Name of Mother,*	Florence Brown
6. *Mother's Maiden Name,*	Florence Hardcastle
7. *Mother's Birthplace,*	Missouri
8. *Full Name of Father,*	E. Herman Brown
9. *Father's Occupation,*	Builder
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	F. Perkins
Address,	No. 2 Cathedral St
Remarks,	

of persons who shall hereafter fail to comply with the [illegible] for each offence to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH.

8399 3

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3rd "

1. Sex, (state whether male or female) Male,
2. Race or Color, (if not of the white race) —
3. Date of Birth Dec. 21. 1885
4. Place of Birth, (Street and Number) 365 E. Lombard St.
5. Full Name of Mother, Mrs. Mary E. Johnson
6. Mother's Maiden Name, Mrs. " " Owings
7. Mother's Birthplace, Balt. Md.
8. Full Name of Father, Geo. H. Johnson
9. Father's Occupation, Cigar-Maker
10. Father's Birthplace, Balt. Md.

Name of Medical Attendant, or other Person who makes this Return. G. G. Lusby M. D.

Address, 392 E. Balt. St.

Remarks, Forceps delivery.

HEALTH DEPARTMENT, DEC 23 1885, BALTIMORE, MD

Report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

phy & Co., City Printers and Stationers.

83994

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, DEC 23 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Dec. 21st
4. *Place of Birth, (Street and Number)* 556 W. Baltimore St.
5. *Full Name of Mother,* Lizzette G. Waltrup
6. *Mother's Maiden Name,* Lizzette G. Myers
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* B. W. Waltrup
9. *Father's Occupation,* Salesman
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return. F. Dewkins

Address, No. 2. Cathedral St.

Remarks,

for each offence to be recovered as other fines and forfeitures are recoverable.

o., City Printers and Stationers.

RETURN OF A BIRTH

83995

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
DEC 29 1895
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 / 2

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* white

3. *Date of Birth,* Dec 21 95

4. *Place of Birth, (Street and Number)* 76 N. High

5. *Full Name of Mother,* Laura Virginia Church

6. *Mother's Maiden Name,* do do Arthur

7. *Mother's Birthplace,* Balto

8. *Full Name of Father,* Nelson Sutton Church

9. *Father's Occupation,* Brick Layer

10. *Father's Birthplace,* Balto.

Name of Medical Attendant, or other Person who makes this Return — Irving Miller M D

Address, 179 E. Monument

Remarks,

CO., CITY PRINTERS AND STATIONERS

83996

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth* Dec. 21 1885
4. *Place of Birth, (Street and Number)* 115 S. Exeter St.
5. *Full Name of Mother,* Mrs. Mary E. Seyfert
6. *Mother's Maiden Name,* Miss " " Kunn
7. *Mother's Birthplace,* Balt. Md.
8. *Full Name of Father,* Jacob Schipler
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Pittsburg Pa.

Name of Medical Attendant, or other Person who makes this Return. G. G. Rusk M. D.

Address, 292 E. Balt. St.

Remarks, Natural delivery

HEALTH DEPARTMENT, DEC 31 1885 BALTIMORE, MD.

Report of birth to the Commissioner of Health, or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

...y & Co., City Printers and Stationers.

RETURN OF A BIRTH.

83997

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
DEC 18 1886
BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c)	1st
1. Sex (state whether Male or Female)	White
2. Race or Color (if not of the white race)	White
3. Date of Birth	Dec 21st 1886
4. Place of Birth (Street and Number)	Cor Madison Ave and Wilson St
5. Full Name of Mother	Sarah G. ~~Packham~~
6. Mother's Maiden Name	Sarah G. Sweeting
7. Mother's Birthplace	Baltimore Md
8. Full Name of Father	Lewis Packham
9. Father's Occupation	Mercham
10. Father's Birthplace	St. Louis
Name of Medical Attendant, or other Person who makes this Return.	A Carralson
Address	322 N. Central Ave.
Remarks	

RETURN OF A BIRTH

8998

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, DEC 26 1885 BALTIMORE MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second Child

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth, 21st of December 1885

4. Place of Birth, (Street and Number) Born No 929 Druid

5. Full Name of Mother, Mrs Wilhelmina Miller

6. Mother's Maiden Name, Miss Mary Kille

7. Mother's Birthplace, Born Baltimore

8. Full Name of Father, Mr Henry Miller

9. Father's Occupation, Miller by Trade

10. Father's Birthplace, Born Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs. Killer

Address, 1017 west Druid [illegible]

Remarks,

for each offence to be recovered as other fines and forfeitures are recoverable.

[illegible], City Printers and Stationers.

RETURN OF A BIRTH

No. 3999

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second Child

1. *Sex, (state whether male or female)* Male

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* 21st of December 1885

4. *Place of Birth, (Street and Number)* No 66 Monroe st

5. *Full Name of Mother,* Mrs Kirby

6. *Mother's Maiden Name,* Miss Kate Bowen

7. *Mother's Birthplace,* Born Baltimore

8. *Full Name of Father,* Mr George Kirby

9. *Father's Occupation,* Carp Knocker

10. *Father's Birthplace,* Born Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs Keiller

Address, 1017 west Pratt st

Remarks,

HEALTH DEPARTMENT
DEC 26 1885
BALTIMORE MD

for each offence to be recovered as other fines and forfeitures are recoverable.

., City Printers and Stationers.

84000

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* colored
3. *Date of Birth,* Dec 21
4. *Place of Birth, (Street and Number)* No 8 Dunkins alley
5. *Full Name of Mother,* Milley Bailey
6. *Mother's Maiden Name,* Telly Hall
7. *Mother's Birthplace,* Cirmiculs Md
8. *Full Name of Father,* Parel Hall
9. *Father's Occupation,* Labor
10. *Father's Birthplace,* Eastern shore Md

Name of Medical Attendant, or other Person who makes this Return. Susan, Morgan.

Address, No. 47 North. Durham, st.

Remarks,

HEALTH DEPAR[illegible] DEC 26 18[illegible] BALTIMORE

[illegible] persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

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84007

RETURN OF A BIRTH.

CERTIFICATE CORRECTED 7/18/07

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT DEC 31 1885 BALTIMORE

Name: John W. Acomb

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2 nd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth 21st December 1885
4. Place of Birth, (Street and Number) 234 Lexington St
5. Full Name of Mother, Mrs Lena Acomb
6. Mother's Maiden Name, Miss Lena Lamke
7. Mother's Birthplace, Germany
8. Full Name of Father, Mr John Acomb
9. Father's Occupation, Driver
10. Father's Birthplace, Baltimore, M. D.

Name of Medical Attendant, or other Person who makes this Return. Susan Sluyter

Address, 21 N. Poppleton St

Remarks,

for each offence to be recovered as other fines and forfeitures are recoverable.

& Co., City Printers and Stationers.

RETURN OF A BIRTH

84002

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
DEC 28 1835
BALTIMORE MD

1. No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)
2. Sex, (state whether male or female) ~~Male~~ female
3. Race or Color, (if not of the white race) Color
4. Date of Birth, Dembe the 24
5. Place of Birth, (Street and Number) Bettimo Ohio No 20
6. Full Name of Mother, Lallie Jackson
7. Mother's Maiden Name, Lallie Trave
8. Mother's Birthplace, Bettimore
9. Full Name of Father, Wilim H Traver
10. Father's Occupation, Brickyard
11. Father's Birthplace, Battimo

Name of Medical Attendant, or other Person who makes this Return

Address, B. Birdia Ellie Traver

Remarks, ~~Birdie Ellie Traver~~

TERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

12103

HEALTH DEPARTMENT, JAN 4 1886 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. [redacted] (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, December 21. 1885
4. Place of Birth, (Street and Number) 125 E Townsend St
5. Full Name of Mother, Mary A. S. Pitt
6. Mother's Maiden Name, Shealey
7. Mother's Birthplace, Balt City
8. Full Name of Father, Geo B. Pitt
9. Father's Occupation,
10. [redacted]her's Birthplace, Balt City

Name of Medical Attendant, or other Person who makes this Return Marbury Brown MD

Address, 68 McCulloh St

Remarks,

AND STATIONERS.

RETURN OF A BIRTH

84004

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
JAN 2 1886
BALTIMORE, MD

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) ~~Mulatto~~ Mulatto
3. Date of Birth, ~~Nov~~ Dec 22d 1885 at 4 Oclock P m
4. Place of Birth, (Street and Number) 17 Chiner St
5. Full Name of Mother,
6. Mother's Maiden Name, Kate Williams
7. Mother's Birthplace, Balto City
8. Full Name of Father,
9. Father's Occupation,
10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return. Deborah Thomas

Address, 71 Burgundy Alley

Remarks,

for each offence to be recovered as other fines and forfeitures are recoverable.

Co., City Printers and Stationers.

RETURN OF A BIRTH.

84005

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, JAN 3 1886 BALTIMORE MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3d

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) Colored

3. Date of Birth Dec 22d 1885

4. Place of Birth, (Street and Number) 183 Vincent Alley

5. Full Name of Mother, Florence Thomas

6. Mother's Maiden Name,

7. Mother's Birthplace, Anne Arundel County Md

8. Full Name of Father, Lewis Thomas

9. Father's Occupation, Waiter

10. Father's Birthplace, Balto

Name of Medical Attendant, or other Person who makes this Return. Hester Valence

Address, 3 E. Monument Street

Remarks,

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH

21006

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd Child

Sex, (state whether male or female) Girl

2. Race or Color, (if not of the white race) White

3. Date of Birth, 22nd of December 1885.

4. Place of Birth, (Street and Number) 248 Cor. Lombard and Ridgely St.

5. Full Name of Mother, Mary Böhm.

6. Mother's Maiden Name, Mary Lang.

7. Mother's Birthplace, Baltimore

8. Full Name of Father, John Lang.

9. Father's Occupation, Pottery

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. Crescintia Kunkel

Address, 71 North Chapel street per Justina Kunkel.

Remarks, Healthy.

HEALTH DEPARTMENT DEC 26 1885 BALTIMORE MD.

for each offence to be recovered as other fines and forfeitures are recoverable.

., City Printers and Stationers.

RETURN OF A BIRTH. 84007

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) Jewish
3. Date of Birth 22 December
4. Place of Birth, (Street and Number) 16½ Harrison St
5. Full Name of Mother, Esther Friedenberg
6. Mother's Maiden Name, " Shine
7. Mother's Birthplace, Poland
8. Full Name of Father, Beam Friedenberg
9. Father's Occupation, Shoemaker
10. Father's Birthplace, Poland

Name of Medical Attendant, or other Person who makes this Return. Mrs Rosa Ellig

Address, 48 Holland St

Remarks, Balt

HEALTH DEPARTMENT
DEC 24 1885
BALTIMORE MD.

of persons who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of ten dollars for each offence to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6 W 11

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, December 22 1904

4. Place of Birth, (Street and Number) No 7. Hemmons Ave

5. Full Name of Mother, Susanna Barth

6. Mother's Maiden Name, Lindall

7. Mother's Birthplace, Baltimore

8. Full Name of Father, C. E. Barth

9. Father's Occupation, Trunk Maker

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Louisa Schuelle

Address, No 246 Chew St

Remarks,

HEALTH DEPARTMENT DEC. 24 1904 BALTIMORE

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RETURN OF A BIRTH

84009

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
DEC 23 1885
BALTIMORE MD.

1. No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st
2. Sex, (state whether male or female) Female
3. Race or Color, (if not of the white race) White
4. Date of Birth, Dec-22-1885
5. Place of Birth, (Street and Number) 319 E. Madison St
6. Full Name of Mother, Hattie Whitfield
7. Mother's Maiden Name, " Smith
8. Mother's Birthplace, ~~Huntington W.Va.~~ Portsmouth Va
9. Full Name of Father, Solomon Whitfield
10. Father's Occupation, Fruit Dealer
11. Father's Birthplace, Baltimore Md
12. Name of Medical Attendant, or other Person who makes this Return G.F. Taylor M.D
13. Address, G.F. Taylor M.D
14. Remarks, 284 N. Broadway

...TERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* December 22nd 1885
4. *Place of Birth, (Street and Number)* Nanticoke St. [illegible]
5. *Full Name of Mother,* Rosella Rutherford
6. *Mother's Maiden Name,* Rosella Jackson
7. *Mother's Birthplace,* Alexandria Va
8. *Full Name of Father,* Wm Rutherford
9. *Father's Occupation,* Brick-Layer
10. *Father's Birthplace,* Washington Co. N.C.

Name of Medical Attendant, or other Person who makes this Return E. G. Sparrow Md

Address, #279 N. Mount Street

Remarks,

HEALTH DEPARTMENT, DEC 23 1885 BALTIMORE, MD.

any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

PRINTERS AND STATIONERS.

RETURN OF A BIRTH

84011

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
DEC 30 1885
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2 nd
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Dec 22 -
4. *Place of Birth, (Street and Number)*	East near Ensor
5. *Full Name of Mother,*	Jessie McCurry
6. *Mother's Maiden Name,*	Jessie Demitzer
7. *Mother's Birthplace,*	Balt
8. *Full Name of Father,*	Robt McCurry
9. *Father's Occupation,*	Merchant
10. *Father's Birthplace,*	Balt
Name of Medical Attendant, or other Person who makes this Return	Daniel O Morgan MD
Address,	197 Aisquith St
Remarks,	City

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RETURN OF A BIRTH

84012

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, JAN 4 1886 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 22 Dec 1885
4. *Place of Birth, (Street and Number)* 366 E Orleans St
5. *Full Name of Mother,* May Borey
6. *Mother's Maiden Name,* Mary Gollana
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* George Borey
9. *Father's Occupation,* Tailor
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return. Mary Koptish

Address, 69 N Washington St

Remarks,

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH

8407 3

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
DEC 28 1885
BALTIMORE MD

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, December 22nd 1885
4. Place of Birth, (Street and Number) 144 S. Bond St
5. Full Name of Mother, Mary Virginia ~~Knowles~~ Dade
6. Mother's Maiden Name, Mary Virginia Knowles
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, Josiah Dade
9. Father's Occupation, Confectioner
10. Father's Birthplace, Yeovil Somersetshire England

Name of Medical Attendant, or other Person who makes this Return. Mrs Hannah Knowles

Address, 144 S Bond St City

Remarks, 144

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH,

84014

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
DEC 28 1885
BALTIMORE MD

No. of Child of Mother, (state whether ~~1st, 2d, 3d,~~ &c.) Tenth

1. *Sex (state whether ~~male or~~ female)*
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* December 22nd 1885
4. *Place of Birth, (Street and Number)* 312 Alice anna St.
5. *Full Name of Mother* Elinor Burris
6. *Mother's Maiden Name* Elinor Brown
7. *Mother's Birthplace* Liverpool England
8. *Full Name of Father* James Henry Burris
9. *Father's Occupation* Tin and Sheet Iron Worker
10. *Father's Birthplace* Baltimore City Md.

Name of Medical Attendant, or other Person who makes this Return. Nicholas L. Dashiell

Address 207 S. Broadway

Remarks

RETURN OF A BIRTH.

24015

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recovered as other fines are recoverable.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6th

1. *Sex, (state whether male or female)* Male

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth* December 2 1865

4. *Place of Birth, (Street and Number)* 60 St. Paul St.

5. *Full Name of Mother,* Libbie Karsner

6. *Mother's Maiden Name,* " Douglas

7. *Mother's Birthplace,* Massachusetts

8. *Full Name of Father,* Daniel Karsner

9. *Father's Occupation,* Medical Electrician

10. *Father's Birthplace,* Maryland

Name of Medical Attendant, or other Person who makes this Return. John Morris, M.D.

Address, No. 5 Franklin St.

Remarks,

HEALTH DEPARTMENT DEC 8 1865 BALTIMORE MD

phy & Co., City Printers and Stationers.

84016

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 the

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)* Withe
3. *Date of Birth,* 22 December
4. *Place of Birth, (Street and Number)* 144 Her Street (Harris St
5. *Full Name of Mother,* Rozie Janowska
6. *Mother's Maiden Name,* Rożancka
7. *Mother's Birthplace,* Wongrowiec Germania
8. *Full Name of Father,* Michael Rożańcky
9. *Father's Occupation,* — — — —
10. *Father's Birthplace,* Welnau Germania

Name of Medical Attendant, or other Person who makes this Return Marie Güttner

Address, 245 S Wolfe Street.

Remarks, St Alphonsus Cmitr Board 25 December 85
Undertaker R Crack & Co 215 S Ann St.

HEALTH DEPARTMENT, DEC 28 1885 BALTIMORE

any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

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RETURN OF A BIRTH.

84017

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
DEC 22 1885
BALTIMORE MD

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 12.

1. *Sex (state whether Male or Female)* Male.
2. *Race or Color (if not of the white race)* Colored.
3. *Date of Birth* Dec. 22nd. 1885.
4. *Place of Birth (Street and Number)* X5 Howes Court.
5. *Full Name of Mother* Sarah Jane Bennett.
6. *Mother's Maiden Name* Sarah Jane Williams
7. *Mother's Birthplace* St. Marys County.
8. *Full Name of Father* Stephen Bennett.
9. *Father's Occupation* Sailor
10. *Father's Birthplace* St. Marys County.

Name of Medical Attendant, or other Person who makes this Return. Mrs

Address

Remarks

of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

84018

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
DEC 25 1885

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	Dec 22nd 1885
4. Place of Birth, (Street and Number)	159 Hill St
5. Full Name of Mother,	Alice M Brannin
6. Mother's Maiden Name,	" " Lindsay
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	Charles H Brannin
9. Father's Occupation,	Painter
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Theodore Cook M D
Address,	146 Hanover St
Remarks,	

Of persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH

84019

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, DEC 28 1835 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5 & 6

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* Dec. 22nd
4. *Place of Birth, (Street and Number)* 936 Pratt st
5. *Full Name of Mother,* Elisabeth Hahn
6. *Mother's Maiden Name,* Elisabeth Schnepfe
7. *Mother's Birthplace,* Baltimore City
8. *Full Name of Father,* H. J. Hahn Jr.
9. *Father's Occupation,* Baker
10. *Father's Birthplace,* Baltimore City

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

for each offence to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. 21020

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11 Child

Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, 22d December 1885

4. Place of Birth, (Street and Number) 312 Micanna ste.

5. Full Name of Mother, Ellen Burris

6. Mother's Maiden Name, Brown

7. Mother's Birthplace, England

8. Full Name of Father, James Henry Burris

9. Father's Occupation, Tin and sheet iron worker

Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs Wiley

Address, 30 Patterson Park Avenue

Remarks, Re-called in D.r. Deshield

HEALTH DEPARTMENT, DEC 28 1885 BALTIMORE MD.

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
DEC 28 1925
BALTIMORE MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	December 22nd 1880
4. *Place of Birth, (Street and Number)*	111 E. Madison St
5. *Full Name of Mother,*	Cornelia Rebecca Gold
6. *Mother's Maiden Name,*	Cornelia Rebecca Jackson
7. *Mother's Birthplace,*	Baltimore Maryland
8. *Full Name of Father,*	George Lawrence Gold
9. *Father's Occupation,*	Stone Cutter
10. *Father's Birthplace,*	Baltimore Maryland
Name of Medical Attendant, or other Person who makes this Return	Mrs. Wooden
Address,	120 Greenmount Ave
Remarks,	

within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

PRINTERS AND STATIONERS.

RETURN OF A BIRTH

81022

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
JAN 2 189
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 12

1. Sex, (state whether male or ~~female~~) Female

2. Race or Color, (if not of the white race)

3. Date of Birth, 22 December

4. Place of Birth, (Street and Number) Balto 99 Ladenhall St.

5. Full Name of Mother, Augusta Keehne H.

6. Mother's Maiden Name, Augusta Kraus

7. Mother's Birthplace, Baltimore

8. Full Name of Father, C. H. J. Keehne St.

9. Father's Occupation, Glass Blower

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs Munch

Address, No 1 Ladenhall St

Remarks,

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

Co., City Printers and Stationers.

RETURN OF A BIRTH

84023

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) Female.

2. Race or Color, (if not of the white race)

3. Date of Birth, Dec. 22d 1885

4. Place of Birth, (Street and Number) 165 Lee St.

5. Full Name of Mother, Martha V. Pumphrey.

6. Mother's Maiden Name, " Fowler.

7. Mother's Birthplace, Calvert Co. Md.

8. Full Name of Father, Aquilla J. Pumphrey.

9. Father's Occupation, Police. (Sergt)

10. Father's Birthplace, Balto City.

Name of Medical Attendant, or other Person who makes this Return. R. J. N. Talk. M.D.

Address, 152 Sharp St.

Remarks,

HEALTH DEPARTMENT, JAN 4 1886 BALTIMORE, MD.

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

City Printers and Stationers.

RETURN OF A BIRTH

84024

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, Dec 22d 1885 at 1 o'clock A m
4. Place of Birth, (Street and Number) 395 Eroos Street
5. Full Name of Mother, Mary Myers
6. Mother's Maiden Name,
7. Mother's Birthplace, Balto City
8. Full Name of Father, Russell Myers
9. Father's Occupation, Laborer
10. Father's Birthplace, Balto City

Name of Medical Attendant, or other Person who makes this Return, Deborah Thorner

Address, 71 Burgundy alley

Remarks,

HEALTH DEPART... BALTIMORE MD

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH.

84025

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Fifth

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth December 22 1883

4. Place of Birth, (Street and Number) 1062 N. Wolfe st

5. Full Name of Mother, Florence M. Burgess

6. Mother's Maiden Name, Gelgendanner

7. Mother's Birthplace, Md

8. Full Name of Father, Chas. M. Burgess

9. Father's Occupation, Printer

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mary E. Elliott

Address, 286 N. Donogh st

Remarks,

HEALTH DEPART

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

y & Co., City Printers and Stationers.

RETURN OF A BIRTH

8402b

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Dec 22nd 1885
4. Place of Birth, (Street and Number) Balto 200 N. Caroline St
5. Full Name of Mother, Margrith ~~Myers~~ Zimmer
6. Mother's Maiden Name, " Myers
7. Mother's Birthplace, Balto
8. Full Name of Father, John Henry Zimmer
9. Father's Occupation, Shoemaker
10. Father's Birthplace, Balto

Name of Medical Attendant, or other Person who makes this Return. Mrs Groony

Address, 466 N Gay St

Remarks,

HEALTH DEPARTMENT JAN 1886 BALTIMORE MD

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH

84027

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4ter Child

1. Sex, (state whether ~~male or~~ female)
2. Race or Color, (if not of the white race) White
3. Date of Birth, Dezember 4te. 23. 1885
4. Place of Birth, (Street and Number) N. Exeter St. N° 6
5. Full Name of Mother, Dorothea Ahrens
6. Mother's Maiden Name, Dorothea Vollertsen
7. Mother's Birthplace, Langsted. Fr. Pzeussen. Germany
8. Full Name of Father, Heinrich Ahrens
9. Father's Occupation, Shoemaker.
10. Father's Birthplace, Warkle, Herz, Braunschweig. Germany

Name of Medical Attendant, or other Person who makes this Return, Harz E. Müller

Address, N. Dallas St. N° 26

Remarks,

HEALTH DEPARTMENT
DEC 31 1885
BALTIMORE, MD.

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH

24028

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 Jewess

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) white

3. Date of Birth, 23d December 1885

4. Place of Birth, (Street and Number) 174 E. Pratt St.

5. Full Name of Mother, Mary Robinowitz

6. Mother's Maiden Name, Shapiro

7. Mother's Birthplace, Russia

8. Full Name of Father, Moses Robinowitz

9. Father's Occupation, Cigar maker

10. Father's Birthplace, Russia

Name of Medical Attendant, or other Person who makes this Return. E Schirman

Address, Albemarle St N 26

Remarks,

HEALTH DEPARTMENT JAN 11 1886 BALTIMORE MD

...quires the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH. 84029

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 7th

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth 23 of December 1885.

4. Place of Birth, (Street and Number) 246 Central Ave

5. Full Name of Mother, Mary C Houchin

6. Mother's Maiden Name, Mary E Connor

7. Mother's Birthplace, Norfolk Va.

8. Full Name of Father, John H Houchin

9. Father's Occupation, Drug Store

10. Father's Birthplace, Richmond Va

Name of Medical Attendant, or other Person who makes this Return. Mrs Christina Sauers

Address, 173 Harford Ave

Remarks, 1885

HEALTH DEPARTMENT DEC 26 1885 BALTIMORE MD.

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

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84030

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Dec 23/85
4. *Place of Birth, (Street and Number)* 22 Cumeh St
5. *Full Name of Mother,* Mary A. O'Connor
6. *Mother's Maiden Name,* " " Spence
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* Daniel O'Connor
9. *Father's Occupation,* Engraver
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Edward P. McDevitt

Address, 54 Cusey Mill St

Remarks,

HEALTH DEPARTMENT, DEC 24 1885 BALTIMORE, MD.

Be in attendance upon the Mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

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NOTICE

The succeeding document was received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

84031

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Dec 23 1885
4. *Place of Birth, (Street and Number)* 31 Chester st
5. *Full Name of Mother,* Laura Roberts
6. *Mother's Maiden Name,* Laura Mathany
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Richard Roberts
9. *Father's Occupation,* captain of tugboat
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mary Conner

Address, 171 Patterson Park Av

Remarks,

HEALTH DEPARTMENT DEC 24 1885 BALTIMORE MD

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

Co., City Printers and Stationers.

84032

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd ~~Dec 23rd 1885~~

HEALTH DEPARTMENT DEC 23 BALTIMORE MD

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* 23 Dec 1885 ~~Balto Pine st 68~~
4. *Place of Birth, (Street and Number)* Balto Pine st 68
5. *Full Name of Mother,* Mrs Bettie Sanger
6. *Mother's Maiden Name,* Miss Bettie Sussman
7. *Mother's Birthplace,* Balto Md
8. *Full Name of Father,* Mr Abe Sanger
9. *Father's Occupation,* Operator
10. *Father's Birthplace,* Austria

Name of Medical Attendant, or other Person who makes this Return. Mrs W. Manne

Address, No. 8 Pearl st (Mid...

Remarks,

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH.

84033

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
DEC 31 1885
BALTIMORE MD

of the parents, and the maiden name of the mother of such child or children

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5-th

1. *Sex* (state whether Male or Female) Female
2. *Race or Color* (if not of the white race) white
3. *Date of Birth* Dec 23rd 85
4. *Place of Birth* (Street and Number) N W Corner Cathedral & Saratoga
5. *Full Name of Mother* Alice Cornelia Habersham
6. *Mother's Maiden Name* Alice C Tilden
7. *Mother's Birthplace* Richmond Va
8. *Full Name of Father* Alex. W Habersham
9. *Father's Occupation* Broker in Canned Goods
10. *Father's Birthplace* Phila Pa

Name of Medical Attendant, or other Person who makes this Return. Edmund R Walker M D

Address 183 Linden Ave

Remarks L O A - Eclampsia - delivery with forceps

Good recovery

NOTICE

The succeeding documents were received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

RETURN OF A BIRTH

8403 4

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 23 Dec 1885
4. *Place of Birth, (Street and Number)* 175
5. *Full Name of Mother,* Mary Yardley
6. *Mother's Maiden Name,* Mary Peters
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Thomas Yardley
9. *Father's Occupation,* Tailor
10. *Father's Birthplace,* Bohemia

Name of Medical Attendant, or other Person who makes this Return. Mary Leftwich

Address, 691 Washington St

Remarks,

HEALTH DEPARTMENT, JAN 4 1886, BALTIMORE, MD.

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH

84035

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* colored
3. *Date of Birth,* Dec 23 1885
4. *Place of Birth, (Street and Number)* 11 castle st
5. *Full Name of Mother,* Henry eather chaney
6. *Mother's Maiden Name,* Henry eather smith
7. *Mother's Birthplace,* Tolbert co
8. *Full Name of Father,* John smith
9. *Father's Occupation,* Labor
10. *Father's Birthplace,* Tolbert co

Name of Medical Attendant, or other Person who makes this Return. Susan Morgan

Address, No 41 North Durham st

Remarks,

HEALTH DEPARTMENT
DEC 26 1885
BALTIMORE MD

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH

824036

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
DEC 26 1895
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Dec 23rd 1895
4. *Place of Birth, (Street and Number)* 306 Cross St
5. *Full Name of Mother,* Sophia Vath
6. *Mother's Maiden Name,* " Nungl
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Geo H Vath
9. *Father's Occupation,* Restaurant
10. *Father's Birthplace,* Baltimore
11. *Name of Medical Attendant,* or other Person who makes this Return. Theodore Lake MD
    Address, 416 Hanover St
    Remarks,

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH.

82057

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, DEC 28 1885 BALTIMORE MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth December 23rd 1885

4. Place of Birth, (Street and Number) No 741 Hanover st

5. Full Name of Mother, Jane Raenner

6. Mother's Maiden Name, Jane Jackson

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Louis Raenner

9. Father's Occupation, Laborer

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return. Catherine Hornung

Address, No 18 Byrd st.

Remarks,

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

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84038

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Twelvth

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) wht

3. Date of Birth December 23. 1885

4. Place of Birth, (Street and Number) No 2. Wilson st

5. Full Name of Mother, Mary Meagher

6. Mother's Maiden Name, " Schoet

7. Mother's Birthplace, md

8. Full Name of Father, John Meagher

9. Father's Occupation, Contractor

10. Father's Birthplace, md

Name of Medical Attendant, or other Person who makes this Return. G Lane Tompkins

Address, 219 Madison ave.

Remarks,

HEALTH DEPARTMENT
JAN 4 1886
BALTIMORE, MD.

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84039

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT, JAN 5 1886 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third Child.

1. Sex (state whether male or female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth Dec. 23rd 1885
4. Place of Birth (Street and Number) S.E. Jefferson & Short St
5. Full Name of Mother Kate Christopher.
6. Mother's Maiden Name Mc. Grath.
7. Mother's Birthplace Baltimore Md.
8. Full Name of Father Thos. A. Christopher
9. Father's Occupation Clerk
10. Father's Birthplace Baltimore Md.

Name of Medical Attendant, or other Person who makes this Return. Francis A. Sauer M.D.

Address 105 N. Central Ave

Remarks

84040

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, JAN 7 1886 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5d.

1. Sex, (state whether ~~male~~ or female)
2. Race or Color, (if not of the white race)
3. Date of Birth, 23 of Dcbr. 188
4. Place of Birth, (Street and Number) 256. Montgomery St.
5. Full Name of Mother, Katharina Margaretha Bartels
6. Mother's Maiden Name, Katharina Margaretha Meier.
7. Mother's Birthplace, Germany
8. Full Name of Father, Carl Anton Heinrich Bartels
9. Father's Occupation, Cabinetmacker.
10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return.

Address, Mr. Carl Bartels 256. Montgomery St

Remarks, Mer Munch do 1 Leadenhall St

Report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH.

84041

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2d

1. *Sex*, (state whether male or female) male
2. *Race or Color*, (if not of the white race) whl
3. *Date of Birth* December 23 1885
4. *Place of Birth*, (Street and Number) 104 Richmond St
5. *Full Name of Mother*, Margaret Hecker
6. *Mother's Maiden Name*, " Leyneker
7. *Mother's Birthplace*, Md
8. *Full Name of Father*, Wm Hecker
9. *Father's Occupation*, Baker
10. *Father's Birthplace*, Germany

Name of Medical Attendant, or other Person who makes this Return. G Lane Tannyhill

Address, 219 madison ave

Remarks, Contracted pelvis: high forceps: chloroform: cord around neck: uterine hemorrhage checked and mother doing well

HEALTH DEPARTMENT
JAN 4 1886
BALTIMORE

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RETURN OF A BIRTH

84042

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth, Dec 23d 1885

4. Place of Birth, (Street and Number) 146 S Regester St

5. Full Name of Mother, Barbara Widden

6. Mother's Maiden Name, " Weimar

7. Mother's Birthplace, City

8. Full Name of Father, Thomas Widden

9. Father's Occupation, Iron Moulder

10. Father's Birthplace, City

Name of Medical Attendant, or other Person who makes this Return. Mrs Elizabeth Bub

Address, 126 Bank St.

Remarks,

HEALTH DEPARTMENT
JAN 4 1886
BALTIMORE MD

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

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8404 (3

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
JAN 2 1886
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. *Sex, (state whether male or ~~female~~)*
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 23 December
4. *Place of Birth, (Street and Number)* 518 West
5. *Full Name of Mother,* Katie Ander
6. *Mother's Maiden Name,* Kriger
7. *Mother's Birthplace,* Germania
8. *Full Name of Father,* Atuard Ander
9. *Father's Occupation,* Tailer
10. *Father's Birthplace,* Germania

Name of Medical Attendant, or other Person who makes this Return. Katie Munch

Address, No 1 Leadenhall St.

Remarks,

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

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84044

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, DEC 31 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Forth Child

1. *Sex, (state whether male or female)* Female.
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 24th. December, 1885
4. *Place of Birth, (Street and Number)* Whelhelm St. No. 0.
5. *Full Name of Mother,* Emma A Lambie
6. *Mother's Maiden Name,* Emma A Rogge.
7. *Mother's Birthplace,* Pearl St. Balto. City
8. *Full Name of Father,* Jno. Nathaniel Lambie
9. *Father's Occupation,* Farmer & Gardener.
10. *Father's Birthplace,* Balto City.

Name of Medical Attendant, or other Person who makes this Return. Mrs Annie Linder

Address, 60 Wolk, Schroeder St.

Remarks,

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

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84045

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5 January th 9 1886

1. Sex, (state whether male or female) Maile
2. Race or Color, (if not of the white race) White
3. Date of Birth December th 24 ~~Bird St No 55~~
4. Place of Birth, (Street and Number) Bird St No 55
5. Full Name of Mother, Maggy Kellen
6. Mother's Maiden Name, Maggy Gonman
7. Mother's Birthplace, Ireland
8. Full Name of Father, William Kellen
9. Father's Occupation, Horstler
10. Father's Birthplace, Ireland

Name of Medical Attendant, or other Person who makes this Return. Mrs M R Carky

Address, Heath St No 16

Remarks, Doing well

HEALTH DEPARTMENT JAN 7 1886 BALTIMORE MD.

[illegible] report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

[illegible]phy & Co., City Printers and Stationers.

GIVEN NAME ADDED 3-16-55

RETURN OF A BIRTH

8/1046

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

Grace Swann Harvey

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3d
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	white
3. Date of Birth,	24 Dec, 1885
4. Place of Birth, (Street and Number)	455 W. Lombard
5. Full Name of Mother,	Martha A. Harvey
6. Mother's Maiden Name,	Carson
7. Mother's Birthplace,	Balt.
8. Full Name of Father,	E. Eugene Harvey
9. Father's Occupation,	Clerk
10. Father's Birthplace,	Balt.
Name of Medical Attendant, or other Person who makes this Return	Dr. Wood
Address,	594 W. Fayette st.
Remarks,	very fine baby

HEALTH DEPARTMENT
JAN 9 1886
BALTIMORE MD

PRINTERS AND STATIONERS

RETURN OF A BIRTH

82047

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
JAN 11 1886
BALTIMORE MD

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d Colored

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 24 December 1885.
4. Place of Birth, (Street and Number) 176 E. Pratt st.
5. Full Name of Mother, Mary Fuss
6. Mother's Maiden Name, " Lobenstein
7. Mother's Birthplace, Russia
8. Full Name of Father, Abram Fuss
9. Father's Occupation, Tailor
10. Father's Birthplace, Russia

Name of Medical Attendant, or other Person who makes this Return, E Schirman

Address, Albemarle st. N 26

Remarks,

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

& Co., City Printers and Stationers.

Missing

84048 – 84056

RETURN OF A BIRTH

84057

To the [illegible] of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
JAN 4 1936
BALTIMORE, MD.

No. of [illegible] other, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex [illegible] male or female) female

2. Race [illegible] not of the white race) Colored

3. Date [illegible] Dec 2nd 1885

4. Place of Birth, (Street and Number) 5 Parrish Ct

5. Full Name of Mother, Alice Butler

6. Mother's Maiden Name, Alice Butler

7. Mother's Birthplace, Howard Co Md

8. Full Name of Father, Wm Matthews

9. Father's Occupation, Laborer

10. Father's Birthplace, Balto Md

Name of Medical Attendant, or other Person who makes this Return. Jane Woolard

Address, 1 W Pomeroy

Remarks,

be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

[illegible] & Co., City Printers and Stationers

NOTICE

The succeeding documents were received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

RETURN OF A BIRTH

84057

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
JAN 4 1886
BALTIMORE, MD.

No. of [illegible] of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, [illegible] male or female) Female
2. Race [illegible] not of the white race) Colored
3. Date [illegible] Dec 24 1885
4. Place of Birth, (Street and Number) 5 Parrish St
5. Full Name of Mother, Alice Butler
6. Mother's Maiden Name, Alice Butler
7. Mother's Birthplace, Snow Hill Md
8. Full Name of Father, Wm Matthews
9. Father's Occupation, Laborer
10. Father's Birthplace, Balto Md

Name of Medical Attendant, or other Person who makes this Return. Jane Woodland

Address, 1 le Bonneth

Remarks,

be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

[illegible] & Co. City Printers and Stationers

RETURN OF A BIRTH.

8408

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JAN 1886 BALTIMORE MD

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 8th

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth December 24th 1885

4. Place of Birth, (Street and Number) No 40 Lyon St

5. Full Name of Mother, Mary E Smith

6. Mother's Maiden Name, Mary E Hands

7. Mother's Birthplace, Hookerstown Anne Arundel Co

8. Full Name of Father, Henry W Smith

9. Father's Occupation, Farmer

10. Father's Birthplace, Bird Hill Carroll Co Md

Name of Medical Attendant, or other Person who makes this Return. Susan Hunter

Address, 21 N Poppleton St

Remarks,

be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH,

81059

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
JAN 12 1900
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Third (3rd)
1. *Sex (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth*	December 25-/85-
4. *Place of Birth, (Street and Number)*	15- Delma Place
5. *Full Name of Mother*	Rosa Alice Cassell
6. *Mother's Maiden Name*	Alexander
7. *Mother's Birthplace*	Carroll Co. Md.
8. *Full Name of Father*	Chas. Henry Cassell
9. *Father's Occupation*	House-Painter
Father's Birthplace	Baltimore, Md.
Name of Medical Attendant, or other Person who makes this Return.	Louis McKnight M.D.
Address	112 N. Greene St.
Remarks	

Name of the mother of such child or children.

84060

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3. third

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* December 25 1885.
4. *Place of Birth, (Street and Number)* 110. S. Greene st.
5. *Full Name of Mother,* Kate Caton
6. *Mother's Maiden Name,* Kate Gallagher
7. *Mother's Birthplace,* Baltimore City
8. *Full Name of Father,* John Caton
9. *Father's Occupation,* Glass. Packer
10. *Father's Birthplace,* Baltimore City

Name of Medical Attendant, or other Person who makes this Return. Mrs. Kunigunda Schlifer

Address, 22 Columbia Ave.

Remarks,

HEALTH DEPARTMENT, DEC 30 1885 BALTIMORE

Report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

Co. City Printers and Stationers.

RETURN OF A BIRTH.

82061

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6th.

1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race) White.
3. Date of Birth Dec 25th 1885.
4. Place of Birth, (Street and Number) #129 Chew St.
5. Full Name of Mother, Louise Kappler
6. Mother's Maiden Name, Burkley
7. Mother's Birthplace, Harford County
8. Full Name of Father, John Kappler
9. Father's Occupation, Cigar Manufacturer
10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs. Dena Stillegent

Address, #1820 E. Monument St.

Remarks,

HEALTH DEPARTMENT
JAN 29 1886
BALTIMORE MD.

...be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

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84062

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, JAN 20 1886 BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth Dec. 25th 1885
4. Place of Birth, (Street and Number) #168 Central Av.
5. Full Name of Mother, Emma Sprowl
6. Mother's Maiden Name, Gagelein
7. Mother's Birthplace, Washington Dc.
8. Full Name of Father, James Sprowl
9. Father's Occupation, Can Maker.
10. Father's Birthplace, Balto Md

Name of Medical Attendant, or other Person who makes this Return. Mrs. Dena Hillegeist

Address, #182 E Monument St

Remarks,

be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH

840 b 3

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, JAN 20 1886 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) fourth

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* December 25 1885
4. *Place of Birth, (Street and Number)* 76 Boyd st.
5. *Full Name of Mother,* Sara Myers
6. *Mother's Maiden Name,* " Wolf
7. *Mother's Birthplace,* Baltimore Md.
8. *Full Name of Father,* Chas. Myers
9. *Father's Occupation,* Iron worker
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs Anna Lumler

Address, 60 North Schroeder.

Remarks,

Report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

Co., City Printers and Stationers.

RETURN OF A BIRTH

82064

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
DEC 30 1885
BALTIMORE MD

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	25th of Dec.
4. *Place of Birth, (Street and Number)*	127 S. Castle
5. *Full Name of Mother,*	Kate Beatty
6. *Mother's Maiden Name,*	Kate Ryan
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Fillmore Beatty
9. *Father's Occupation,*	Sailor
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Mr. E. Fray.
Address,	193 S. Chester street
Remarks,	Healthy Child.

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

84065

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
DEC [illegible] 1885
BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1[illegible]
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth*	December 25 – 1885
4. *Place of Birth, (Street and Number)*	170½ N. High
5. *Full Name of Mother,*	Annie M. Hoffmann
6. *Mother's Maiden Name,*	" " Cooper
7. *Mother's Birthplace,*	Md.
8. *Full Name of Father,*	Henry J. G. Hoffmann
9. *Father's Occupation,*	Cooper
10. *Father's Birthplace,*	Pa
Name of Medical Attendant, or other Person who makes this Return.	O Sheets Md
Address,	143 N Eden St
Remarks,	

[illegible] of the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

[illegible]y & Co., City Printers and Stationers.

RETURN OF A BIRTH

8406b

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth, 25th December 1885

4. Place of Birth, (Street and Number) 101 William st

5. Full Name of Mother, Annie Outcalt

6. Mother's Maiden Name, Wilgus

7. Mother's Birthplace, N. Jersey

8. Full Name of Father, Geo M Outcalt

9. Father's Occupation, Ins. Canvasser

10. Father's Birthplace, N. Jersey

Name of Medical Attendant, or other Person who makes this Return. H W Wobeler

Address, 101 Barre st

Remarks,

HEALTH DEPARTMENT
DEC
BALTIMORE

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

Co., City Printers and Stationers.

84067

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
DEC 30 1885
BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5 Am Gebar

1. *Sex, (state whether male or female)* Metchen
2. *Race or Color, (if not of the white race)* Weis
3. *Date of Birth* Dan 25 ten December 1885
4. *Place of Birth, (Street and Number)* S. W. Kone Wolf and Heneman Gocnu
5. *Full Name of Mother,* Terezie Turek
6. *Mother's Maiden Name,* Terezie Mercl
7. *Mother's Birthplace,* Bohemia
8. *Full Name of Father,* Jakub Mercl
9. *Father's Occupation,* Bir Salon Kiger
10. *Father's Birthplace,* Bohemia

Name of Medical Attendant, or other Person who makes this Return. {

Address, {

Remarks, Balto Dan 29 December 1885

...e in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons in such case, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

...rphy & Co., City Printers and Stationers.

NOTICE

The succeeding documents were received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

RETURN OF A BIRTH

8408

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
DEC 31 1894
BALTIMORE MD

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 25th of December
4. *Place of Birth, (Street and Number)* 5 Dover St.
5. *Full Name of Mother,* Mary Carbery
6. *Mother's Maiden Name,* Dondelli
7. *Mother's Birthplace.* New York
8. *Full Name of Father,* John Carbery
9. *Father's Occupation,* Fruit merchant
10. *Father's Birthplace,* Italy

Name of Medical Attendant, or other Person who makes this Return. Sarah Coates

Address, 72 E. Lombard St.

Remarks,

be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

...y & Co., City Printers and Stationers.

RETURN OF A BIRTH

84069

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

HEALTH DEPARTMENT
DEC 31 1885
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)*

3. *Date of Birth,* 25th of December

4. *Place of Birth, (Street and Number)* 30 Williams St

5. *Full Name of Mother,* Ellen Hohsen

6. *Mother's Maiden Name,* Weber

7. *Mother's Birthplace,* Baltimore

8. *Full Name of Father,* John Hohsen

9. *Father's Occupation,* Clerk

10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Sarah Gaster

Address, 72 E. Lombard St.

Remarks,

y & Co., City Printers and Stationers.

RETURN OF A BIRTH

84070

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
JAN 5 1886
BALTIMORE MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* 25 December 1885
4. *Place of Birth, (Street and Number)* 134 McEldery St
5. *Full Name of Mother,* Mary Semmlar
6. *Mother's Maiden Name,* " Sulthous
7. *Mother's Birthplace,* Balt. Md.
8. *Full Name of Father,* Charles Semmlar
9. *Father's Occupation,* Baker
10. *Father's Birthplace,* Europe

Name of Medical Attendant, or other Person who makes this Return. Mrs Rosa Ullig

Address, 48 Holland St

Remarks, Balt Md

be in attendance upon the mother, [illegible] report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

y & Co., City Printers and Stationers.

RETURN OF A BIRTH

84091

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
JAN 2 1886
BALTIMORE, MD

No. of Child of Mother, (state whether ~~1st~~, 2d, ~~3d, &c.~~) 2

1. Sex, (~~state whether male or~~ female)
2. Race or Color, (if not of the white race) White
3. Date of Birth, Decbr 25th 1885
4. Place of Birth, (Street and Number) S. E Corner Lemmon & Penn st
5. Full Name of Mother, Catherine Frank
6. Mother's Maiden Name, Catherine Lohrman
7. Mother's Birthplace, Baltimore city Md
8. Full Name of Father, John Frank
9. Father's Occupation, Merchant
10. Father's Birthplace, Baltimore city Md

Name of Medical Attendant, or other Person who makes this Return J. Wm Conrad M.D.

Address, 154 S. Sharp st

Remarks,

(Hydrops Chorii)

PRINTERS AND STATIONERS

RETURN OF A BIRTH

21072

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3te Child

1. Sex, (state whether ~~male or~~ female)
2. Race or Color, (if not of the white race) White
3. Date of Birth, Dezember the 26, 1885
4. Place of Birth, (Street and Number) N. Wolfe St. No 191.
5. Full Name of Mother, Clara Maldeis
6. Mother's Maiden Name, Clara Blittersdorf
7. Mother's Birthplace, Philadelphia St. Pensilvania U.S.
8. Full Name of Father, Heinrich B. Maldeis
9. Father's Occupation, Harness maker
10. Father's Birthplace, Schoolz. Fr. Preussen. Germany

Name of Medical Attendant, or other Person who makes this return, Mary E. Miller

Address, N. Dallas St. No. 26

Remarks,

HEALTH DEPARTMENT
DEC 31 1885
BALTIMORE MD

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

& Co., City Printers and Stationers.

RETURN OF A BIRTH

8407 3

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
JAN 23 1886
BALTIMORE MD

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Dec 31st
4. *Place of Birth, (Street and Number)*	No 5 Stockholm St
5. *Full Name of Mother,*	Catherine Hobley
6. *Mother's Maiden Name,*	" Smith
7. *Mother's Birthplace,*	City
8. *Full Name of Father,*	Geo Hobley
9. *Father's Occupation,*	Machinist
10. *Father's Birthplace,*	City
Name of Medical Attendant, or other Person who makes this Return.	J C Bond MD
Address,	151 Hanover St
Remarks,	

report its Birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

A Co. City Printers and Stationers.

RETURN OF A BIRTH

83074

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Dec 5th

4. Place of Birth, (Street and Number) 210 William St

5. Full Name of Mother, Emma Mattingley

6. Mother's Maiden Name, M Akey

7. Mother's Birthplace, City

8. Full Name of Father, Edward Mattingley

9. Father's Occupation, Clerk

10. Father's Birthplace, City

Name of Medical Attendant, or other Person who makes this Return. L C Bond M D

Address, 151 Hanover St

Remarks,

HEALTH DEPARTMENT
JAN 23 1886
BALTIMORE, MD.

& Co., City Printers and Stationers.

RETURN OF A BIRTH

8707

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT, JAN 26 1886 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Dec. 8th, 1885
4. *Place of Birth, (Street and Number)*	7 Randall St.
5. *Full Name of Mother,*	Catherine Creager
6. *Mother's Maiden Name,*	Falk
7. *Mother's Birthplace,*	Md.
8. *Full Name of Father,*	John Walter Creager
9. *Father's Occupation,*	Janitor.
10. *Father's Birthplace,*	Md.
Name of Medical Attendant, or other Person who makes this Return.	Robert S. Lowe, M.D.
Address,	333 Light St.
Remarks,	

PRINTER & STATIONER, BALT.

RETURN OF A BIRTH

8/1076

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Dec. 9th, 1885
4. *Place of Birth, (Street and Number)*	257 William St.
5. *Full Name of Mother,*	Carrie E. Batchler
6. *Mother's Maiden Name,*	Brown
7. *Mother's Birthplace,*	Md.
8. *Full Name of Father,*	George M. Batchler
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	Md.
Name of Medical Attendant, or other Person who makes this Return.	Robert S. Lowe, M.D.
Address,	333 Light St.
Remarks,	

HEALTH DEPARTMENT JAN 26 1886 BALTIMORE, MD.

PRINTER & STATIONER, BALT.

RETURN OF A BIRTH

84077

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

HEALTH DEPARTMENT

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* Dec 12th 1885
4. *Place of Birth, (Street and Number)* 10 Patterson ave
5. *Full Name of Mother,* Louisa Burman
6. *Mother's Maiden Name,* Louisa Schmidt
7. *Mother's Birthplace,* Balto md
8. *Full Name of Father,* J Ann Burman
9. *Father's Occupation,* Baker
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs C Greenfield

Address, 397 Penna ave

Remarks,

RETURN OF A BIRTH

84078

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, JAN 23 1886 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Dec 12th
4. *Place of Birth, (Street and Number)* 9 1/2 Hill St
5. *Full Name of Mother,* Mary Henneberger
6. *Mother's Maiden Name,* " Dimitz
7. *Mother's Birthplace,* City
8. *Full Name of Father,* Henry Henneberger
9. *Father's Occupation,* Harnessmaker
10. *Father's Birthplace,* City

Name of Medical Attendant, or other Person who makes this Return. S. C. Burch MD

Address, 151 Hanover St

Remarks,

report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

& Co. City Printers and Stationers.

RETURN OF A BIRTH.

84079

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* Dec 15
4. *Place of Birth, (Street and Number)* 341 St, N.W. Beatty
5. *Full Name of Mother,* Mary C Smith Federal St
6. *Mother's Maiden Name,* Mary E Maxell
7. *Mother's Birthplace,* Be city
8. *Full Name of Father,* Edwin Smith, ~~Birthplace~~
9. *Father's Occupation,* Produce dealer ~~Be city~~
10. *Father's Birthplace,* Be city Md

Name of Medical Attendant, or other Person who makes this Return. M A Davenport

Address, 8 E Saint St

Remarks, Mother & Baby doing well

HEALTH DEPARTMENT JAN 22 1937 BALTIMORE, MD.

be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

rphy & Co., City Printers and Stationers.

84080

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 11th.

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth Dec 17th 1886
4. Place of Birth, (Street and Number) #7 E Monument St
5. Full Name of Mother, Kate Hunsch.
6. Mother's Maiden Name, " Bartels.
7. Mother's Birthplace, Germany
8. Full Name of Father, Gustav Huntsch
9. Father's Occupation, Baker
10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs Dena Stillegeist

Address, #182 E Monument St

Remarks,

HEALTH DEPARTMENT, FEB 2 1886 BALTIMORE CITY

be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

rphy & Co., City Printers and Stationers.

RETURN OF A BIRTH. 84081

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth Dec. 17th 1885
4. Place of Birth, (Street and Number) Fayette st. near Front.
5. Full Name of Mother, Pauline Simon
6. Mother's Maiden Name, " Rosenburg
7. Mother's Birthplace, Baltimare
8. Full Name of Father, Samuel Simon
9. Father's Occupation, Shoe-maker
10. Father's Birthplace, Poland

Name of Medical Attendant, or other Person who makes this Return. Mrs. C. Bernstein

Address, 49 S. Exeter st.

Remarks,

HEALTH DEPARTMENT JAN 27 1886 BALTIMORE MD.

be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

rphy & Co., City Printers and Stationers.

NOTICE

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Every effort was made to assure legibility and completeness.

RETURN OF A BIRTH

824082

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
JAN 23 1886
BALTIMORE MD

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)*

3. *Date of Birth,* Dec 18 85

4. *Place of Birth, (Street and Number)* Eden st cor Fayette

5. *Full Name of Mother,* Ella Sumwalt

6. *Mother's Maiden Name,* Hannan

7. *Mother's Birthplace,* Balto Co Md

8. *Full Name of Father,* Sumwalt

9. *Father's Occupation,* Painter

10. *Father's Birthplace,* Balto Md

Name of Medical Attendant, or other Person who makes this Return. Wm C Billingslea

Address, 2286 Preston

Remarks,

be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recov as other fines and forfeitures are recoverable.

hy & Co., City Printers and Stationers.

RETURN OF A BIRTH

82083

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered before any other fines and forfeitures are recoverable.

HEALTH DEPARTMENT
FEB 1 1930
BALTIMORE MD

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Dec 20th 1885
4. *Place of Birth, (Street and Number)* 184 Penna ave
5. *Full Name of Mother,* Katie Loream
6. *Mother's Maiden Name,* Katie Lally
7. *Mother's Birthplace,* Ireland
8. *Full Name of Father,* Wm Loream
9. *Father's Occupation,* Book-Keeper
10. *Father's Birthplace,* Ireland

Name of Medical Attendant, or other Person who makes this Return. Mrs C Meserve Md

Address, 328 Penna Ave

Remarks,

RETURN OF A BIRTH

82054

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Eleven

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* 20th December 1885

4. *Place of Birth, (Street and Number)* Baltimore 216 Lanvale St

5. *Full Name of Mother,* Emma J Riley

6. *Mother's Maiden Name,* Johns

7. *Mother's Birthplace,* Baltimore

8. *Full Name of Father,* Wm H. Riley

9. *Father's Occupation,* Painter

10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs Leppard

Address,

Remarks,

HEALTH DEPARTMENT, JAN 22 1886, BALTIMORE MD.

by & Co., City Printers and Stationers.

RETURN OF A BIRTH

82408

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9 Ch

1. *Sex, (state whether male or female)* male

2. *Race or Color, (if not of the white race)* Mulatto

3. *Date of Birth,* Dec 24th 1885

4. *Place of Birth, (Street and Number)* Government Employ (Prison)

5. *Full Name of Mother,* Elizabeth Russell

6. *Mother's Maiden Name,* Baker

7. *Mother's Birthplace,* Balto Co

8. *Full Name of Father,* Alex Russell

9. *Father's Occupation,* Farm Laborer

10. *Father's Birthplace,* Russia

Name of Medical Attendant, or other Person who makes this Return. M. O. Billingslea

Address, 928 E. Preston

Remarks,

hy & Co., City Printers and Stationers

RETURN OF A BIRTH

82108b

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
JAN 23 1884
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Dec 25th
4. *Place of Birth, (Street and Number)* 654 Hanover St
5. *Full Name of Mother,* Fannie Kattenbach
6. *Mother's Maiden Name,* " Jones
7. *Mother's Birthplace,* City
8. *Full Name of Father,* Frank Kattenbach
9. *Father's Occupation,* Glass Cutter
10. *Father's Birthplace,* New York

Name of Medical Attendant, or other Person who makes this Return. J. C. Burch MD

Address, 151 Hanover St

Remarks,

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

A Co., City Printers and Stationers

RETURN OF A BIRTH

8/1087

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 nd

1. *Sex, (state whether male or female)* Male

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* Dec 26th 1883

4. *Place of Birth, (Street and Number)* 378 E. Pratt St

HEALTH DEPARTMENT JAN 23 1884

5. *Full Name of Mother,* Alice Allen

6. *Mother's Maiden Name,* Eisenhardt

7. *Mother's Birthplace,* Balto Md

8. *Full Name of Father,* Joseph Allen

9. *Father's Occupation,* Foreman

10. *Father's Birthplace,* Balto Md

Name of Medical Attendant, or other Person who makes this Return. Dr. C. Billington

Address, 228 E. Pratt St

Remarks,

be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

hy & Co., City Printers and Stationers.

RETURN OF A BIRTH

81088

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Report this birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4ter Child

1. Sex, (state whether male ~~or female~~)
2. Race or Color, (if not of the white race) White
3. Date of Birth, Dezember the 26. 1885
4. Place of Birth, (Street and Number) N. Gay St. No. 241
5. Full Name of Mother. Sophia Parr
6. Mother's Maiden Name, Sophia Ballmann
7. Mother's Birthplace, Balt. City
8. Full Name of Father, Andrew Parr
9. Father's Occupation, Merchant Taylor
10. Father's Birthplace, Balt. City

Name of Medical Attendant, or other Person who makes this Return. Harry E. Müller

Address, N. Dallas St. No. 26

Remarks,

HEALTH DEPARTMENT
DEC 31 1885
BALTIMORE, MD.

& Co., City Printers and Stationers.

RETURN OF A BIRTH

821089

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 der Child

1. Sex, (state whether male ~~or female~~)
2. Race or Color, (if not of the white race) White
3. Date of Birth, December the 26, 1885
4. Place of Birth, (Street and Number) E. Fayette St. No 222.
5. Full Name of Mother, Maria Benjamin
6. Mother's Maiden Name, Maria Scheerer
7. Mother's Birthplace, Balt. City
8. Full Name of Father, Samuel Benjamin
9. Father's Occupation, Laborer
10. Father's Birthplace, Balt. City

Name of Medical Attendant, or other Person who makes this Return. Mary E. Miller

Address, N. Dallas St. No 26

Remarks,

HEALTH DEPARTMENT
DEC 31 1885
BALTIMORE MD

be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

& Co., City Printers and Stationers.

84090

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JAN 12 1900 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Dec 26 1899

4. Place of Birth, (Street and Number) 257 Bot Av

5. Full Name of Mother, Emma Wells

6. Mother's Maiden Name, Emma Hall

7. Mother's Birthplace, Baltimore Md

8. Full Name of Father, Henry Wells

9. Father's Occupation, House Carpenter

10. Father's Birthplace, Dorchester Co Md

Name of Medical Attendant, or other Person who makes this Return. H. B. Noble, M.D.

Address, 50 Warren Av

Remarks,

Report as birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

Co. City Printers and Stationers

RETURN OF A BIRTH.

84091

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, JAN 3 1886 BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth Dec 26 1885
4. Place of Birth, (Street and Number) 20 Brewer Alley
5. Full Name of Mother, Sarah Thomas
6. Mother's Maiden Name, Sarah Reed
7. Mother's Birthplace, St Mary County Md
8. Full Name of Father, Daniel Thomas
9. Father's Occupation, Laborer
10. Father's Birthplace, Charles County Md

Name of Medical Attendant, or other Person who makes this Return. Hester Coleman

Address, 39 E. Monument St

Remarks,

...report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

...phy & Co., City Printers and Stationers.

RETURN OF A BIRTH

21072

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	the first
1. *Sex, (state whether male or female)*	female
2. *Race or Color, (if not of the white race)*	white
3. *Date of Birth,*	26th December 1885
4. *Place of Birth, (Street and Number)*	35 Wagner st.
5. *Full Name of Mother,*	Mary Gleisner
6. *Mother's Maiden Name,*	Mary Ganzmann
7. *Mother's Birthplace,*	Bavaria
8. *Full Name of Father,*	George Gleisner
9. *Father's Occupation,*	Shoemaker
10. *Father's Birthplace,*	Bavaria
Name of Medical Attendant, or other Person who makes this Return	Susan Hunter
Address,	21 No Poppleton St
Remarks,	

HEALTH DEPARTMENT DEC 30 1885

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

& Co., City Printers and Stationers.

NOTICE

The succeeding document was received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

8409 3

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT DEC 23 1885 BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 7

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth* 26 December 1885
4. *Place of Birth, (Street and Number)* 5 Arlington Av
5. *Full Name of Mother,* Alice Kelly
6. *Mother's Maiden Name,* Alice McCartee
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* James Kelly
9. *Father's Occupation,* Labourer
10. *Father's Birthplace,* Ireland

Name of Medical Attendant, or other Person who makes this Return. Susan Hunter

Address, 21 No Pappelton St

Remarks,

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

...hy & Co., City Printers and Stationers.

RETURN OF A BIRTH. 84074

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 10th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth Dec. 26th 1885
4. Place of Birth, (Street and Number) #33 Starford Av.
5. Full Name of Mother, Georgianna Deacon
6. Mother's Maiden Name, " Garrett
7. Mother's Birthplace, Balto Md.
8. Full Name of Father, Daniel Deacon
9. Father's Occupation, Shoemaker
10. Father's Birthplace, Phila. Pa

Name of Medical Attendant, or other Person who makes this Return. Mrs. Dena Stillegeist

Address, #182 E. Monument St.

Remarks,

HEALTH DEPARTMENT, JAN 25 1886 BALTIMORE MD.

be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

rphy & Co., City Printers and Stationers.

RETURN OF A BIRTH. 84095

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, JAN 20 1886 BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* Dec. 26th 1885
4. *Place of Birth, (Street and Number)* #186 N. Front St
5. *Full Name of Mother,* Bridget Nagle
6. *Mother's Maiden Name,* " Fleming
7. *Mother's Birthplace,* Ireland
8. *Full Name of Father,* Charles Nagle
9. *Father's Occupation,* Varnisher
10. *Father's Birthplace,* Balto. Md

Name of Medical Attendant, or other Person who makes this Return. Mrs Dena Hillegeist

Address, #182 E Monument St

Remarks,

be in attendance upon the mother, immediately thereafter it shall [illegible] the party of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

rphy & Co., City Printers and Stationers.

84096

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, JAN 20 1886 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) first

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* 26 day of Dec 1885
4. *Place of Birth, (Street and Number)* 147 Columbia av
5. *Full Name of Mother,* Palin Gosman
6. *Mother's Maiden Name,* Palin Suttard
7. *Mother's Birthplace,* Sonnenberg Germany
8. *Full Name of Father,* Sh. Gosman
9. *Father's Occupation,* Baker
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Anna Pumler

Address, 60 St. Silvester St

Remarks,

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

Co., City Printers and Stationers.

RETURN OF A BIRTH

D 1077

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
DEC 15
BALTIMORE MD

born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether ~~1st~~, 2d, ~~3d,~~ &c.)	2
1. *Sex, (state whether male or ~~female~~)*	male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Dec. 26/85
4. *Place of Birth, (Street and Number)*	N. Appleton
5. *Full Name of Mother,*	Mrs. Effie Shipley
6. *Mother's Maiden Name,*	" Moore
7. *Mother's Birthplace,*	Balto.
8. *Full Name of Father,*	Thos. J. Shipley
9. *Father's Occupation,*	Mechanic
10. *Father's Birthplace,*	Balto
Name of Medical Attendant, or other Person who makes this Return.	T. Chew Worthington M D
Address,	373 W. Fayette St.
Remarks,	

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH.

84098

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
DEC 30 1885
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Third

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White Race
3. *Date of Birth* 26th Dec 1885
4. *Place of Birth, (Street and Number)* 18 N Amity st Baltimore Md
5. *Full Name of Mother,* Hannah Kennedy
6. *Mother's Maiden Name,* Hannah Flaherty
7. *Mother's Birthplace,* Boston mass
8. *Full Name of Father,* Alfred Joseph Kennedy
9. *Father's Occupation,* Moulder
10. *Father's Birthplace,* Baltimore Md

Name of Medical Attendant, or other Person who makes this Return. Susan Hunter

Address, 21 No Poppelton St

Remarks,

ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the [illegible]er, immediately thereafter it shall become the duty of the [illegible] or parents of such child, to report its birth to the Co[illegible]oner of Health, in the manner and within the period abo[illegible]uired, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subj[illegible]d to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

84099

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT, DEC 30 1885 BALTIMORE, MD

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Dec 26th 1885
4. Place of Birth, (Street and Number) 270 North Fulton St
5. Full Name of Mother, Mary Price
6. Mother's Maiden Name, Berry
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Orlando K Price
9. Father's Occupation, Merchant Clerk
10. Father's Birthplace. Virginia

Name of Medical Attendant, or other Person who makes this Return W H Diffendorffer, M.D.

Address, 140 Bolton St

Remarks,

born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, DEC 26 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Seventh

1. *Sex, (state whether male or female)* male Child
2. *Race or Color, (if not of the white race)* Colored Child
3. *Date of Birth,* December 11, 26, 1885
4. *Place of Birth, (Street and Number)* Painters Court No 1
5. *Full Name of Mother,* Bettie Jackson
6. *Mother's Maiden Name,* Bettie Oakley
7. *Mother's Birthplace,* Born in Virginia
8. *Full Name of Father,* David Jackson
9. *Father's Occupation,* Wood Sawer
10. *Father's Birthplace,* Born in Virginia

Name of Medical Attendant, or other Person who makes this Return

Address, Darkey Tumbler No 134 Chesnut St

Remarks,

any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person in attendance upon the mother, immediately thereafter, shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

T & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

$24101

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the given name of the mother of such child or children.

HEALTH DEPARTMENT
JAN 14 1886
BALTIMORE, MD.

No. of Child of Mother (state whether ~~1st, 2d, 3d, &c.~~) 8th

1. *Sex* (state whether Male ~~or Female~~) Male
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* Dec 26th 1885
4. *Place of Birth* (Street and Number) 112 N. Hoffman st
5. *Full Name of Mother* Emma Susan Walsh
6. *Mother's Maiden Name* " " Gardner
7. *Mother's Birthplace* Balti City
8. *Full Name of Father* Jeffrey J Walsh
9. *Father's Occupation* Builder
10. *Father's Birthplace* Baltimore City

Name of Medical Attendant, or other Person who makes this Return, James H Clement MD

Address 90 Park ave

Remarks Natural in all respects

RETURN OF A BIRTH

84102

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offense to be recovered, as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th Child

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* December 26th 1885
4. *Place of Birth, (Street and Number)* 183 Chesapeake St.
5. *Full Name of Mother,* Elizabeth Smith
6. *Mother's Maiden Name,* Elizabeth Lighthizer
7. *Mother's Birthplace,* Baltimore Md.
8. *Full Name of Father,* Philip Smith
9. *Father's Occupation,* Driver and Salesman
10. *Father's Birthplace,* Baltimore Md.

Name of Medical Attendant, or other Person who makes this Return. Dr Mos Wiley

Address, No 12 Patterson Park Ave

Remarks,

HEALTH DEPARTMENT DEC 28 1885 BALTIMORE MD.

Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

84103

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* Dec 26/95

4. *Place of Birth, (Street and Number)* 25 Barnet L

5. *Full Name of Mother,* Jane M Trimp

6. *Mother's Maiden Name,* Jane M Kilroe

7. *Mother's Birthplace,* Baltimore

8. *Full Name of Father,* John Trimper

9. *Father's Occupation,* Messenger Quarantine Hospital Port of Balto.

10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return John H. Trimp

Address, 25 Barnet L

Remarks, No Medical Attendance or Midwife

HEALTH DEPARTMENT DEC 28

list of the births which have occurred under his observation during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the father or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

Guy Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

84104

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
DEC 26 1885
BALTIMORE MD

No. of Child of Mother, (~~state whether~~ 1st, ~~2d, 3d, &c.~~)

1. Sex, (~~state whether male or~~ female)
2. Race or Color, (~~if not of the~~ white ~~race~~)
3. Date of Birth, Dec. 26th 1885, 1 A.M.
4. Place of Birth, (Street and Number) 115 E Baltimore St.
5. Full Name of Mother, Ella Howard Kemp
6. Mother's Maiden Name, " " Higgins
7. Mother's Birthplace, Baltimore
8. Full Name of Father, James L. Kemp
9. Father's Occupation, Engineer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs. P. Shentzer M.D.

Address, 88 E Balto St

Remarks,

ascertain the full name of each child (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

n Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

82/105

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPT.
JAN 2 1886
BALTIMORE MD

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, Dec 26 1885
4. Place of Birth, (Street and Number) 48 Wane st
5. Full Name of Mother, Sarah Mattox
6. Mother's Maiden Name,
7. Mother's Birthplace, Balto City
8. Full Name of Father, Lewis Mattox
9. Father's Occupation, Laborer
10. Father's Birthplace, Balto City

Name of Medical Attendant, or other Person who makes this Return. Deborah Thomas

Address, 71 Burgundy alley

Remarks,

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

84106

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
JAN 4 1886
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* Dec. 21, 1885

4. *Place of Birth, (Street and Number)* Maternity, 16 W Lombard St.

5. *Full Name of Mother,* Minnie Brown

6. *Mother's Maiden Name,* Do

7. *Mother's Birthplace,* City.

8. *Full Name of Father,* ———

9. *Father's Occupation,* ———

10. *Father's Birthplace,* ———

Name of Medical Attendant, or other Person who makes this Return. William S. Gibson M.D.

Address, Maternity.

Remarks, ———

ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the [illegible] or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

an Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH.

84107

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, JAN 4 1886 BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2 Child

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth December 26 1885.
4. Place of Birth, (Street and Number) 44 Maticake str
5. Full Name of Mother, Louise Rehm
6. Mother's Maiden Name, Louise Erdman
7. Mother's Birthplace, Milwaukee (Wise)
8. Full Name of Father, Richard Rehm
9. Father's Occupation, Frame maker
10. Father's Birthplace, Zwickau (Saxony)

Name of Medical Attendant, or other Person who makes this Return. Mrs C. Seebeck

Address, 409 N Pratt st

Remarks,

parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of mid-wifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the C[illegible] missioner of Health, in the manner and within the period a[illegible] required, and any such person or persons who shall h[illegible] fail to comply with the provisions of this section, shall be s[illegible] ed to the fine of ten (10) dollars for each offence to be r[illegible] ed as other fines and forfeitures are recoverable.

n Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH.

8 4608

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, JAN 4 1886 BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White.
3. *Date of Birth* 26 December 1885
4. *Place of Birth, (Street and Number)* 220 Scott street.
5. *Full Name of Mother,* Anna Rake
6. *Mother's Maiden Name,* Anna Kluirk
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* George Rake.
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return. Geo C Seeback

Address, No 439 W. Pratt street

Remarks,

certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall ... or fail to comply with the provisions of this section, shall be ... ed to the fine of ten (10) dollars for each offence, to be ... ed as other fines and forfeitures are recoverable.

... Murphy & Co., City Printers and Stationers.

Over

RETURN OF A BIRTH

82109

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT, JAN 4 1886 BALTIMORE, MD.

born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2
Sex, (state whether male or female)	Male
Race or Color, (if not of the white race)	White
Date of Birth,	Dec (25) 26 1885
Place of Birth, (Street and Number)	Cor Penna Ave & Cumberland St
Full Name of Mother,	Carrie (Caroline) Haughey
Mother's Maiden Name,	Carrie McKeown
Mother's Birthplace,	Balto
Full Name of Father,	John Haughey
Father's Occupation,	Carpenter
Father's Birthplace,	Balto
Name of Medical Attendant, or other Person who makes this Return	Chas A Sadler M.D.
Address,	Full name of child - John Bowman Haughey
Remarks,	

CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

84110

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
JAN 1936
BALTIMORE MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	Colord
3. *Date of Birth,*	Decm 27th 1885
4. *Place of Birth, (Street and Number)*	220 S. Eutaw Street
5. *Full Name of Mother,*	Alberta Lee
6. *Mother's Maiden Name,*	Alberta Trip
7. *Mother's Birthplace,*	Baltimore Md
8. *Full Name of Father,*	Charles Lee
9. *Father's Occupation,*	Steward on boat
10. *Father's Birthplace,*	Baltimore Md
Name of Medical Attendant, or other Person who makes this Return.	Angieling Wilson
Address,	214 ½ Howard Street
Remarks,	

be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report the Birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

hy & Co., City Printers and Stationers.

RETURN OF A BIRTH

824111

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
DEC 1895

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	27th of Dec.
4. *Place of Birth, (Street and Number)*	No. 25 Bank street
5. *Full Name of Mother,*	Maggie Bray
6. *Mother's Maiden Name,*	Maggie White
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Ivon Bray
9. *Father's Occupation,*	Engineer
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other Person who makes this Return	Mr. E. Fray
Address,	123 South Chester st.
Remarks,	Healthy Child

In attendance upon the Mother, immediately after it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

84112

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (~~*state whether*~~ *1st,* ~~*2d, 3d, &c.*~~)

1. *Sex,* (~~*state whether male or*~~ *female*)
2. *Race or Color,* (~~*if not of the*~~ *white race*)
3. *Date of Birth,* Dec 27th 83.
4. *Place of Birth,* (*Street and Number*) 255. N Carey St.
5. *Full Name of Mother,* Rebecca Bechhofer.
6. *Mother's Maiden Name,* Rebecca Straup.
7. *Mother's Birthplace,* Baltimore City, Md.
8. *Full Name of Father,* Alexander Bechhofer.
9. *Father's Occupation,* Manager of News Paper.
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return. John J. R. Frazer Mr

Address, 273. Lexington St.

Remarks,

HEALTH DEPARTMENT DEC

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

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NOTICE

The succeeding documents were received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

RETURN OF A BIRTH

$2411 3

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
DEC 15
BALTIMORE MD

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	second
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	27th. December
4. *Place of Birth, (Street and Number)*	No 4 Little Walsh. street
5. *Full Name of Mother,*	Emma Fibney
6. *Mother's Maiden Name,*	Emma. Rakep.
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Christopher. Fibney
9. *Father's Occupation,*	Sails. man.
10. *Mother's Birthplace,*	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Mrs Donley
Address,	No 18 little Walsh street
Remarks,	none

PRINTER & STATIONER, BALT.

RETURN OF A BIRTH

821114

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Balto Dec 29th 1885.

HEALTH DEPARTMENT
DEC 15
BALTIMORE MD

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5 2

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) White.
3. Date of Birth, Balto Dec 27th 1885.
4. Place of Birth, (Street and Number) 154 Register St.
5. Full Name of Mother, Katie Kuechemeister.
6. Mother's Maiden Name, Katie Kirchner.
7. Mother's Birthplace, Germany.
8. Full Name of Father, John Kuechemeister.
9. Father's Occupation, Driver.
10. Father's Birthplace, Germany.

Name of Medical Attendant, or other Person who makes this Return. Mrs. Mary Amend.

Address, 37 South Wolfe St.

Remarks,

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

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84115

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
DEC 30 1885
BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) The 4 Child

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* The 27 of December 1885
4. *Place of Birth, (Street and Number)* No 157 Stirling St.
5. *Full Name of Mother,* Maggie Trautner
6. *Mother's Maiden Name,* Maggie Manner
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* John Trautner
9. *Father's Occupation,* Butcher
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs. Ch. Sauer

Address, No 173 Harford Ave

Remarks, Baltimore Md.

1885

...be in attendance upon the [illegible], immediately [illegible] in the manner and within the period above required, and any such person report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

...phy & Co., City Printers and Stationers.

RETURN OF A BIRTH

84116

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

HEALTH DEPARTMENT
BALTIMORE MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 st

1. *Sex, (state whether male or female)* Male

2. *Race or Color, (if not of the white race)* white

3. *Date of Birth,* Dec 27th 1885

4. *Place of Birth, (Street and Number)* 42 Stockton st

5. *Full Name of Mother,* Louisa Schmadel

6. *Mother's Maiden Name,* Louisa Ellinger

7. *Mother's Birthplace,* Germany

8. *Full Name of Father,* John Schmadel

9. *Father's Occupation,* Tailor

10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs C Greenzebe

Address, 39 f Penna ave

Remarks,

RETURN OF A BIRTH

84117

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3. third

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* December 27 1885
4. *Place of Birth, (Street and Number)* 315 W. Pratt st.
5. *Full Name of Mother,* Augusta Herrman
6. *Mother's Maiden Name,* Augusta Lang
7. *Mother's Birthplace,* Baltimore City
8. *Full Name of Father,* Frederik Herrman
9. *Father's Occupation,* Kart Driver
10. *Father's Birthplace,* Baltimore City

Name of Medical Attendant, or other Person who makes this Return Mrs. Kunigunda Schlifer

Address, 22 Columbia Av

Remarks,

HEALTH DEPARTMENT DEC 1885

Report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

Co. City Printers and Stationers.

RETURN OF A BIRTH

B4118

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
JAN 4 1886
BALTIMORE, MD

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* Dec 27. 1885
4. *Place of Birth, (Street and Number)* 13 Vincent St
5. *Full Name of Mother,* Emma Tasker
6. *Mother's Maiden Name,* Emma Jones
7. *Mother's Birthplace,* Snow Hill Md
8. *Full Name of Father,* Wm Tasker
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Md

Name of Medical Attendant, or other Person who makes this Return. Jane Woodland

Address, 16 Bonner St

Remarks,

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

Co. City Printers and Stationers.

RETURN OF A BIRTH

84119

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTM[illegible] JAN 2 1886 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9th

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* December 27th. 1885
4. *Place of Birth, (Street and Number)* 196 East St.
5. *Full Name of Mother,* Rosa Salinska
6. *Mother's Maiden Name,* Rosa Cohen
7. *Mother's Birthplace,* Polan
8. *Full Name of Father,* Dabes Salinska
9. *Father's Occupation,* Tailor
10. *Father's Birthplace,* Polon

Name of Medical Attendant, or other Person who makes this Return. M. A. Butt

Address, 185 S.E. cor Centre av. & Monument St.

Remarks, All Well

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

Co., City Printers and Stationers.

84150

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, JAN 4 1886 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Female

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Dec. 27, 1883
4. *Place of Birth, (Street and Number)* Maternite, 161, W. Lombard St.
5. *Full Name of Mother,* Jessie C. Murray
6. *Mother's Maiden Name,* Do
7. *Mother's Birthplace,* Md.
8. *Full Name of Father,* —
9. *Father's Occupation,* —
10. *Father's Birthplace,* —

Name of Medical Attendant, or other Person who makes this Return. William S. Gardner M.D.

Address, Maternite

Remarks,

be in attendance upon the mother, immediately, hereafter it shall become the duty of the person in parents or such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH

8412-1

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
JAN 2 1886
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, Dec 27th 1885
4. Place of Birth, (Street and Number) 33 Bradford alley
5. Full Name of Mother, Margarette Gunther
6. Mother's Maiden Name, " Horn
7. Mother's Birthplace, Germany
8. Full Name of Father, Nicholas Gunther
9. Father's Occupation, Laborer
10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs Elizabeth Betz

Address, 120 Bank st

Remarks,

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

& Co., City Printers and Stationers.

RETURN OF A BIRTH

84122

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)*

3. *Date of Birth,* Dec 27th 1885

4. *Place of Birth, (Street and Number)* 80 Forrest st.

5. *Full Name of Mother,* Louisa Fitzgall

6. *Mother's Maiden Name,* " Maine

7. *Mother's Birthplace,* City

8. *Full Name of Father,* Christian Fitzgall

9. *Father's Occupation,* Collector

10. *Father's Birthplace,* City

Name of Medical Attendant, or other Person who makes this Return. Mrs Elizabeth Butz

Address, 120 Bank st.

Remarks,

HEALTH DEPARTMENT
JAN 2 1886
BALTIMORE, MD.

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RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5ter Child

1. Sex, (state whether male ~~or female~~)

2. Race or Color, (if not of the white race) White

3. Date of Birth, Dezember the 28, 1885

4. Place of Birth, (Street and Number) S. Caroline St. No 101.

5. Full Name of Mother, Maria Klein

6. Mother's Maiden Name, Maria Bächel

7. Mother's Birthplace, Balto City

8. Full Name of Father, Wilhelm Klein

9. Father's Occupation, Laborer

10. Father's Birthplace, Balto City

Name of Medical Attendant, or other Person who makes this Return, Mary E. Müller

Address, N. Dallas St. No 26

Remarks,

HEALTH DEPARTMENT
DEC 31 1885
BALTIMORE, MD

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

Co., City Printers and Stationers.

RETURN OF A BIRTH.

84124

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPART... DEC ...

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether Male or Female)* Female

2. *Race or Color (if not of the white race)* White

3. *Date of Birth* Dec 28

4. *Place of Birth (Street and Number)* 77 Cross st

5. *Full Name of Mother* Abbie Ogem Hudson

6. *Mother's Maiden Name*

7. *Mother's Birthplace* Balto

8. *Full Name of Father* Frank L. Ogem

9. *Father's Occupation* Painter

10. *Father's Birthplace* Balto md

Name of Medical Attendant, or other Person who makes this Return. Mrs Nash

Address

Remarks

of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

84125

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT, DEC 31 1885 BALTIMORE, MD.

of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c) 2d

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) Colored

3. Date of Birth Dec 28.

4. Place of Birth (Street and Number) 45 Johnson st

5. Full Name of Mother Carrie Grason

6. Mother's Maiden Name Tyler

7. Mother's Birthplace Balto md.

8. Full Name of Father Charles Grason

9. Father's Occupation Waiter

10. Father's Birthplace Balto

Name of Medical Attendant, or other Person who makes this Return. Mrs S Nash

Address

Remarks

52/126

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2te

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* den 28 ten December
4. *Place of Birth, (Street and Number)* Dallas St. 268
5. *Full Name of Mother,* Chatharina Hagens
6. *Mother's Maiden Name,* geb. Baus
7. *Mother's Birthplace,* Baltimore Md
8. *Full Name of Father,* John Hagens
9. *Father's Occupation,* Joyner
10. *Father's Birthplace,* Baltimore Md

Name of Medical Attendant, or other Person who makes this Return. Christine Mahler Midwife

Address, 286 S. Ann St.

Remarks,

HEALTH DEPARTMENT
DEC 31 1895
BALTIMORE, MD.

be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

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84127

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
JAN 15 1886
BALTIMORE MD

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) first

1. *Sex, (state whether male or female)* a female child
2. *Race or Color, (if not of the white race)* colored
3. *Date of Birth,* Dec the 28 1886
4. *Place of Birth, (Street and Number)* No 210 Chusnut alley Baltimore
5. *Full Name of Mother,* Mary Tolson
6. *Mother's Maiden Name,* mary [illegible]
7. *Mother's Birthplace,* Duffields W Va
8. *Full Name of Father,* Abraham Tolson
9. *Father's Occupation,* hod carey
10. *Father's Birthplace,* Montmary County md

Name of Medical Attendant, or other Person who makes this Return. mid wife gorge [illegible] Webb

Address, No 6 mulbery court

Remarks,

birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

hy & Co., City Printers and Stationers.

RETURN OF A BIRTH.

82128

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth Dec 28th
4. Place of Birth, (Street and Number) 225 Prince St
5. Full Name of Mother, Mrs. Aggie Stocksdale
6. Mother's Maiden Name, Aggie Cromwell ~~Stocksdale~~
7. Mother's Birthplace, Balto City
8. Full Name of Father, Geo. S Stocksdale
9. Father's Occupation, Stockdealer
10. Father's Birthplace, Md

Name of Medical Attendant, or other Person who makes this Return. H. H. Hill M.D.

Address, 23 E Lanvale Ave

Remarks,

HEALTH DEPARTMENT JAN 19 1894 BALTIMORE

be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

rphy & Co., City Printers and Stationers.

84129

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
DEC [illegible] 1885
BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 8th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* 28 of December 1885
4. *Place of Birth (Street and Number)* 253 Chase St
5. *Full Name of Mother,* Alz Kanner
6. *Mother's Maiden Name,* Alz Gerlarnan
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Almol Kanner
9. *Father's Occupation,* Labor
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs Christina Sauer

Address, 173 Harford Ave

Remarks, 1885.

birth of any child shall occur within the attendance of any person who shall become the duty of the person or parents of such child, to be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

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84150

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
DEC 15
BALTIMORE MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth 28 of December 1885
4. Place of Birth, (Street and Number) 2 Pentland St
5. Full Name of Mother, Annie Poller
6. Mother's Maiden Name, Annie Jamp
7. Mother's Birthplace, Germany
8. Full Name of Father, Frank Poller
9. Father's Occupation, Millwright
10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs Christina Seane

Address, 173 Harford Ave

Remarks, 1885.

Be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

urphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

84131

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Dec 28 1885
4. *Place of Birth, (Street and Number)* No 275 Hanover St
5. *Full Name of Mother,* Cordelia Roeser
6. *Mother's Maiden Name,* Cordelia Ford
7. *Mother's Birthplace,* Summerset. Co. md
8. *Full Name of Father,* William H Roeser
9. *Father's Occupation,* Produce dealer
10. *Father's Birthplace,* Cambridge Dor Co md

Name of Medical Attendant, or other Person who makes this Return. E. Hinton

Address, No. 688 South Charles st

Remarks,

HEALTH DEPARTMENT, DEC 30 1885 BALTIMORE, MD.

birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

Sohn & Co., City Printers and Stationers

RETURN OF A BIRTH

14132

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT, DEC 31 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, Dec. 28, 1885

4. Place of Birth, (Street and Number) No. 2 Brewers Al

5. Full Name of Mother, Lizzie Slaughter

6. Mother's Maiden Name, " Dorsey

7. Mother's Birthplace, Baltimore

8. Full Name of Father, George Slaughter

9. Father's Occupation, Driver

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Flora A. Brewster M.D.

Address, 280 Madison Ave.

Remarks,

Y PRINTERS AND STATIONERS

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT, DEC 1895 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) first child

1. *Sex (state whether male or female)* female
2. *Race or Color (if not of the white race)* black race
3. *Date of Birth* 28 day of December
4. *Place of Birth (Street and Number)* No 54 Madira Alley
5. *Full Name of Mother*
6. *Mother's Maiden Name* Elmira Rose
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* name unknown
9. *Father's Occupation*
10. *Father's Birthplace*

Name of Medical Attendant, or other Person who makes this Return. Mrs. M. Thelen

Address No 37 Madira Alley

Remarks Did not have after Birth

name of the mother of such child or children.

RETURN OF A BIRTH

8211 34

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
JAN 26 1886
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1 Samuel boy
1. *Sex, (state whether male or female)*	male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	28 December
4. *Place of Birth, (Street and Number)*	149 n. front str
5. *Full Name of Mother,*	Mary Counter
6. *Mother's Maiden Name,*	" Tauber
7. *Mother's Birthplace,*	Russia
8. *Full Name of Father,*	Fridrich Counter
9. *Father's Occupation,*	Upholster
10. *Father's Birthplace,*	Russia
Name of Medical Attendant, or other Person who makes this Return.	E Schierman
Address,	Albemarle st N 26
Remarks,	

be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

y & Co., City Printers and Stationers.

RETURN OF A BIRTH

12/135

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2d
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Dec 28th
4. *Place of Birth, (Street and Number)*	248 Lee St
5. *Full Name of Mother,*	Sarah Grine
6. *Mother's Maiden Name,*	" Elwell
7. *Mother's Birthplace,*	Pennsylvania
8. *Full Name of Father,*	Edward Grine
9. *Father's Occupation,*	Glassblower
10. *Father's Birthplace,*	Pennsylvania
Name of Medical Attendant, or other Person who makes this Return.	L. C. Bunch MD
Address,	151 Hanover St
Remarks,	

HEALTH DEPARTMENT
JAN 23 1886
BALTIMORE, MD.

Report its Birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

& Co., City Printers and Stationers.

RETURN OF A BIRTH

84136

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, JAN 26 1886 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th

1. *Sex, (state whether male or female)* F
2. *Race or Color, (if not of the white race)* Col'd
3. *Date of Birth,* Dec 28/85
4. *Place of Birth, (Street and Number)* Vine St
5. *Full Name of Mother,* Clara Shifley
6. *Mother's Maiden Name,* Clara Bare
7. *Mother's Birthplace,* Va
8. *Full Name of Father,* Wm Shifley
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Md

Name of Medical Attendant, or other Person who makes this Return. Jane Woodland

Address, 10 Bruce St

Remarks,

be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

& Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
DEC 28 1885
BALTIMORE

12137

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2 Child
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	Dec 28 1885
4. *Place of Birth, (Street and Number)*	298 Hanover st
5. *Full Name of Mother,*	Maria Greving
6. *Mother's Maiden Name,*	Wolfert
7. *Mother's Birthplace,*	America
8. *Full Name of Father,*	William Greving
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other Person who makes this Return.	J. Lohmann M.D.
Address,	330 Hanover st
Remarks,	

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

& Co., City Printers and Stationers.

RETURN OF A BIRTH

21138

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
JAN 19 1886
BALTIMORE MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) One

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth 28th Dec 1885

4. Place of Birth, (Street and Number) Bells 263 Holland St

5. Full Name of Mother, Mrs Mildred F. Woolf

6. Mother's Maiden Name, Florence Sophia Meyer

7. Mother's Birthplace, Hanover Germany

8. Full Name of Father, Millard F. Woolf

9. Father's Occupation, Clerk

10. Father's Birthplace, Bells Md

Name of Medical Attendant, or other Person who makes this Return. Doctor Dorsey

Address, 827 N. Lombard St.

Remarks,

Be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

& Co., City Printers and Stationers.

RETURN OF A BIRTH

41139

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT, JAN 2 19[illegible] BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5 Child
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	December 28
4. *Place of Birth, (Street and Number)*	67 Patterson Ave
5. *Full Name of Mother,*	Fanny Doran
6. *Mother's Maiden Name,*	Fanny Durham
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Patrick Doran
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	England
Name of Medical Attendant, or other Person who makes this Return	Ann Thornton
Address,	247 Patterson Ave
Remarks.	

NY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

84140

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
RECEIVED
JAN 4 1886
Registrar
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) [redacted]

1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race)
3. Date of Birth, Dec 28th 1885
4. Place of Birth, (Street and Number) 40 Clifford St
5. Full Name of Mother, Eliza Strain
6. Mother's Maiden Name, E Dickens
7. Mother's Birthplace, New York State
8. Full Name of Father, Albert Strain
9. Father's Occupation, Coal dealer
10. Father's Birthplace, England

Name of Medical Attendant, or other Person who makes this Return Geo R Graham M.D.

Address, 136 Columbia Ave

Remarks,

PRINTERS AND STATIONERS

NOTICE

The succeeding documents were received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

84141

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, JAN 4 1886 BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) White.
3. Date of Birth 28 December 1885
4. Place of Birth (Street and Number) No 77 Camden Street.
5. Full Name of Mother, Katie Bayer Kennall.
6. Mother's Maiden Name, Katie Mayer.
7. Mother's Birthplace, Baltimore
8. Full Name of Father, John Kennall.
9. Father's Occupation, Boiler Maker.
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs Katherine Selack

Address, 439 N Pratt Street.

Remarks,

be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

rphy & Co., City Printers and Stationers.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, JAN 4 1886 BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	Dec. 28, 1885
4. *Place of Birth, (Street and Number)*	232 E. Preston St.
5. *Full Name of Mother,*	Cora McCoven
6. *Mother's Maiden Name,*	Wilson
7. *Mother's Birthplace,*	Balto. Md.
8. *Full Name of Father,*	Samuel McCoven
9. *Father's Occupation,*	Salesman
10. *Father's Birthplace,*	Balto. Md.
Name of Medical Attendant, or other Person who makes this Return.	Caroline Miller
Address,	45 Walbert St. Balto. Md
Remarks,	

be in accordance upon the mother, immediately after the birth of each child born within the period above required, and any such person report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

rpley & Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	third Child
1. *Sex, (state whether male or female)*	male
2. *Race or Color, (if not of the white race)*	white race
3. *Date of Birth,*	28 december
4. *Place of Birth, (Street and Number)*	43 goodmans Alley
5. *Full Name of Mother,*	Willie durham Salsbry
6. *Mother's Maiden Name,*	Willie durham lyons
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Andrew lyons
9. *Father's Occupation,*	Labourer
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other Person who makes this Return	Ann Thornton
Address,	449 Batrey avenue
Remarks,	

HEALTH DEPARTMENT

...Y & CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

11144

HEALTH DEPARTMENT
SEP 1 1936
BALTIMORE, MD.

No. of Child of Mother (state whether ~~1st~~, 2d, ~~3d~~, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race) W

3. Date of Birth Dec. 28 1883

4. Place of Birth, (Street and Number) 539 Franklin

5. Full Name of Mother, Virginia Henderson

6. Mother's Maiden Name, Virginia Gordon

7. Mother's Birthplace, Balt

8. Full Name of Father, Benj Henderson

9. Father's Occupation, Bricklayer

10. Father's Birthplace, Balt

Name of Medical Attendant, or other Person who makes this Return. H. Patterson M D

Address, 23 Franklin

Remarks,

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

phy & Co., City Printers and Stationers.

21145

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) white race
3. Date of Birth December the 28
4. Place of Birth, (Street and Number) Baltimore William St No 394
5. Full Name of Mother, georgieana rubey
6. Mother's Maiden Name, tracy
7. Mother's Birthplace, Baltimore Co
8. Full Name of Father, Charley w rubey
9. Father's Occupation, labour
10. Father's Birthplace, Carol Co

Name of Medical Attendant, or other Person who makes this Return. Elizabeth Hathorn

Address, light St No 532

Remarks,

HEALTH DEPARTMENT JAN 1 1896 BALTIMORE, MD.

[illegible] report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

[illegible] & Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1146

HEALTH DEPARTMENT, JAN 2 1886 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth, 26 December

4. Place of Birth, (Street and Number) 307 Hanover, Stt

5. Full Name of Mother, Louise Wersten

6. Mother's Maiden Name,

7. Mother's Birthplace, Balto City

8. Full Name of Father, Fredrick W. Wersten

9. Father's Occupation, Cooper

10. Father's Birthplace, Balt City

Name of Medical Attendant, or other Person who makes this Return. Mrs S Munch

Address, No 1 Leadenhall St,

Remarks,

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

& Co., City Printers and Stationers.

RETURN OF A BIRTH

82147

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
DEC 31 1895
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 Child

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 29 December 1895
4. Place of Birth, (Street and Number) 432 Eastern Avenue
5. Full Name of Mother, Carrie Bitterbusch
6. Mother's Maiden Name, Gehrmann
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Henry Bitterbusch
9. Father's Occupation, Saleman
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. Louise Wiley

Address, 30 Patterson Park Ave.

Remarks,

Report the birth to the Commissioner of Health, [illegible] within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
FEB 1 1886
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	Tuesday Dec. 28th 85
4. Place of Birth, (Street and Number)	196 Chesnut St.
5. Full Name of Mother,	Cathrine Croghan
6. Mother's Maiden Name,	Cathrine Downey
7. Mother's Birthplace,	Ireland
8. Full Name of Father,	Patrick Croghan
9. Father's Occupation,	Employe B.C.R.R.Co ~~Ireland~~
10. Father's Birthplace,	Ireland
Name of Medical Attendant, or other Person who makes this Return.	Wilmer Brinton M.D.
Address,	Chas St & Forrest Place
Remarks,	

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

111149

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	1885. Dec 29th
4. Place of Birth, (Street and Number)	214 Alice Ann st
5. Full Name of Mother,	Minnie M. Burger
6. Mother's Maiden Name,	Minnie M. Rosenthal
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	Jno. D. Burger
9. Father's Occupation,	Barber
10. Father's Birthplace,	Prussia
Name of Medical Attendant, or other Person who makes this Return.	Louise Wiley
Address,	30 Patterson Park Ave.
Remarks,	

HEALTH DEPT. DEC 9 BALTIMORE

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, JAN 2 [illegible] BALTIMORE MD

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, December 29th. 1885

4. Place of Birth (Street and Number) No. 46 N. Spring St.

5. Full Name of Mother, Nancy Williams

6. Mother's Maiden Name, "

7. Mother's Birthplace, Baltimore

8. Full Name of Father, "

9. Father's Occupation, "

10. Father's Birthplace, "

Name of Medical Attendant, or other Person who makes this Return. M. A. Butt.

Address, 185 S.E. cor Central av. & Monument St.

Remarks, All Well

Report as birth to the Commissioner of Health, and the person above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd
1. Sex, (state whether male or female)	female
2. Race or Color, (if not of the white race)	Colored
3. Date of Birth,	Decem 29 15
4. Place of Birth, (Street and Number)	108 Warner Street
5. Full Name of Mother,	Martha Pendleton
6. Mother's Maiden Name,	Martha Robinson
7. Mother's Birthplace,	Baltimore Md
8. Full Name of Father,	Wm Pendleton
9. Father's Occupation,	Oyster Shucker
10. Father's Birthplace,	Baltimore Md
Name of Medical Attendant, or other Person who makes this Return.	Angeline Wilson
Address,	214 N. Howard St
Remarks,	

HEALTH DEPARTMENT
BALTIMORE, MD.

& Co., City Printers and Stationers.

P/152

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Dec 29th 1885
4. *Place of Birth, (Street and Number)* 238 N Ann St
5. *Full Name of Mother,* Kelly
6. *Mother's Maiden Name,* Callahan
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* J. J. Kelly
9. *Father's Occupation,* Printer
10. *Father's Birthplace,* Balto Md

Name of Medical Attendant, or other Person who makes this Return. M D S Billingslea

Address, 228 E. Preston St

Remarks,

HEALTH DEPARTMENT JAN 23 1885

be in attendance upon the mother, commissioner, the mayor, the sheriff, the party or the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

...y & Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	7th Child
1. Sex, (state whether male or female)	Girl
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	29th of December 1885
4. Place of Birth, (Street and Number)	No 2 Moyes street
5. Full Name of Mother,	Katie Wolbert
6. Mother's Maiden Name,	Katie Fleckenstein
7. Mother's Birthplace,	Germany
8. Full Name of Father,	Bastian Fleckenstein
9. Father's Occupation,	Laborman
10. Father's Birthplace,	Germany
Name of Medical Attendant, or other Person who makes this Return.	Crescintia Kunkel
Address,	71 North Chapel st per Justina Kunkel
Remarks,	Healthy.

HEALTH DEPARTMENT
DEC 31 1885
BALTIMORE MD

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

& Co., City Printers and Stationers.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, DEC 30 1885 BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) First

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* Dec 27th
4. *Place of Birth, (Street and Number)* George St
5. *Full Name of Mother,* [illegible] Musselter
6. *Mother's Maiden Name,* [illegible] Cierney
7. *Mother's Birthplace,* [illegible]
8. *Full Name of Father,* [illegible] Musselter
9. *Father's Occupation,* [illegible] Messenger
10. *Father's Birthplace,* Frederick Co. Md

Name of Medical Attendant, or other Person who makes this Return. E. S. Welch M.D.

Address, Cor Park Ave & Mulberry St

Remarks, Balto Md

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

...phy & Co., City Printers and Stationers.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3d
1. *Sex*, (state whether male or female)	Male
2. *Race or Color*, (if not of the white race)	White
3. *Date of Birth*	21st December 1865
4. *Place of Birth*, (Street and Number)	No 189 Front St
5. *Full Name of Mother*,	Mary O'Milly
6. *Mother's Maiden Name*,	Mary Lee
7. *Mother's Birthplace*,	Ireland
8. *Full Name of Father*,	E. O'Milly
9. *Father's Occupation*,	Laverd
10. *Father's Birthplace*,	Ireland
Name of Medical Attendant, or other Person who makes this Return.	Mrs Christina Bauer
Address,	173 Harford Ave
Remarks,	1865

HEALTH DEPARTMENT DEC 31 1865 BALTIMORE MD

hy & Co., City Printers and Stationers.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	8
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth*	7th December 1885
4. *Place of Birth, (Street and Number)*	No 15 Wilcox St
5. *Full Name of Mother,*	Annie Kraine
6. *Mother's Maiden Name,*	Annie Huber
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Francis A. Kraine
9. *Father's Occupation,*	Shoemaker
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Mrs Christina Lauer
Address,	173 Harford Ave
Remarks,	1885

HEALTH DEPARTMENT
DEC 31 1885
BALTIMORE, MD.

report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

phy & Co., City Printers and Stationers.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 9the

1. *Sex*, (state whether male or female) Male
2. *Race or Color*, (if not of the white race) White
3. *Date of Birth* 27 Dec
4. *Place of Birth*, (Street and Number) 3 Eamon St
5. *Full Name of Mother*, Anne Schmeiser
6. *Mother's Maiden Name*, = Krasse
7. *Mother's Birthplace*, Krugerstein
8. *Full Name of Father*, John Schmeiser
9. *Father's Occupation*, Labeln
10. *Father's Birthplace*, Treums

Name of Medical Attendant, or other Person who makes this Return. Mrs. E Weiss

Address, 424 Lancaster Ste

Remarks,

HEALTH DEPARTMENT, JAN 18 1896, BALTIMORE, MD.

...report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, JAN 18 1886 BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 12 the

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) White
3. Date of Birth 29 of December
4. Place of Birth, (Street and Number) 173 W Madison Alley
5. Full Name of Mother, Magi Rhau
6. Mother's Maiden Name, Bieber
7. Mother's Birthplace, Buttenberg
8. Full Name of Father, John Rhau
9. Father's Occupation, Tailor
10. Father's Birthplace, Balt

Name of Medical Attendant, or other Person who makes this Return. Mrs G Weiss

Address, 424 Lancaster St

Remarks,

be in attendance upon the mother, immediately before and after the birth, and within the period above required, and any such person or person who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

phy & Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
JAN
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Child

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth, Dec 27 1885

4. Place of Birth, (Street and Number) 242 Battery Ave.

5. Full Name of Mother, Maria Reinhardt

6. Mother's Maiden Name, Schramm

7. Mother's Birthplace, Germany

8. Full Name of Father, Charles Reinhardt

9. Father's Occupation, Laborer

10. Father's Birthplace, America

Name of Medical Attendant, or other Person who makes this Return. J. Schwasser. Midwife

Address, 330 Hanover St.

Remarks,

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Dec 27. 1885

4. Place of Birth, (Street and Number) 194 Fulton Ave

5. Full Name of Mother, Jane Purnell

6. Mother's Maiden Name, Jane Johnson

7. Mother's Birthplace, Balto Md

8. Full Name of Father, John Purnell

9. Father's Occupation, Bricklayer

10. Father's Birthplace, Howard Co Md

Name of Medical Attendant, or other Person who makes this Return. Jane Purnell

Address, 194 Fulton Ave

Remarks,

HEALTH DEPARTMENT JAN BALTIMORE MD

To the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
JAN
BALTIMORE MD

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* 29 January 1888
4. *Place of Birth, (Street and Number)* 2 Forest Place
5. *Full Name of Mother,* Katie Blair
6. *Mother's Maiden Name,* Smith
7. *Mother's Birthplace,* Balt. Md. City Italia
8. *Full Name of Father,* Frank Blair
9. *Father's Occupation,* Basket maker
10. *Father's Birthplace,* Balt. Md.

Name of Medical Attendant, or other Person who makes this Return. Mrs Rosa Hogg

Address, 45 Holland St Balt

Remarks,

Be in attendance upon the mother, immediately thereafter it shall become the duty of the Person or Parents of such Child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) .....

1. *Sex, (state whether male or female)* Male.
2. *Race or Color, (if not of the white race)* .....
3. *Date of Birth* Dec 29 1882.
4. *Place of Birth, (Street and Number)* 27 West Lexington
5. *Full Name of Mother,* Maria (Nicol) Nickels
6. *Mother's Maiden Name,* Zimmer
7. *Mother's Birthplace,* America
8. *Full Name of Father,* Henry (Nicol) Nickels
9. *Father's Occupation,* Shoemaker
10. *Father's Birthplace,* America

Name of Medical Attendant, or other Person who makes this Return. J. Schwarz M.D.

Address, 330 Hanover

Remarks, Full name of child: William Henry Nicol

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RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2nd
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	White
3. Date of Birth	Dec 29th
4. Place of Birth (Street and Number)	66 Ridgely
5. Full Name of Mother,	Maggie A. Leger Mc. Gowen
6. Mother's Maiden Name,	
7. Mother's Birthplace,	Balto.
8. Full Name of Father,	James W. St. Leger
9. Father's Occupation,	Horse Shoer
10. Father's Birthplace,	Balto.
Name of Medical Attendant, or other Person who makes this Return.	E. L. Buddenbohn M.D.
Address,	166 S. Rear
Remarks,	

be in attendance upon the mother, immediately thereafter it shall ... within the period above required, and any such person report its birth to the Commissioner of Health in the manner and ... with the provisions of this section, shall be subjected to the fine of ten (10) dollars or persons who shall hereafter fail to comply ... and forfeitures are recoverable. for each offence to be recovered as other fines ...

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RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5
1. Sex, (state whether male or female)	female
2. Race or Color, (if not of the white race)	Colored
3. Date of Birth,	Sunday Dec 29. 1895
4. Place of Birth, (Street and Number)	29 E. Chapel Alley near Eager
5. Full Name of Mother,	Eliza F. Rawlings
6. Mother's Maiden Name,	Eliza F. Nichols
7. Mother's Birthplace,	Maryland
8. Full Name of Father,	John Rawlings
9. Father's Occupation,	Brick mason
10. Father's Birthplace,	Frederick Co
Name of Medical Attendant, or other Person who makes this Return	Ellen Coleson
Address,	No 27 N. Chapel Alley
Remarks,	mf

PRINTERS AND STATIONERS

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5d

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth* Dec 29d 85
4. *Place of Birth (Street and Number)* No 280 N Pratt St
5. *Full Name of Mother,* Katie Köllner.
6. *Mother's Maiden Name,* Stingata
7. *Mother's Birthplace,* Austria
8. *Full Name of Father,* Henry Köllner
9. *Father's Occupation,* Bookbinder.
10. *Father's Birthplace,* Austria

Name of Medical Attendant, or other Person who makes this Return. Mrs Anne Lindner.

Address, No 45 S Monroe St

Remarks,

HEALTH DEPARTMENT, JAN 2 1886 BALTIMORE, MD.

be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

rphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th R

1. Sex, (state whether male or female), Male

2. Race or Color, (if not of the white race)

3. Date of Birth, Dec 29th 1885

4. Place of Birth, (Street and Number) 182 F Bethel st

5. Full Name of Mother, Theresa Maurer

6. Mother's Maiden Name. Richter

7. Mother's Birthplace, Germany

8. Full Name of Father, Conrad Maurer

9. Father's Occupation, Cooper

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs Elizabeth Belz

Address, 720 Bank St.

Remarks,

HEALTH DEPARTMENT JAN 2 1886 BALTIMORE MD.

...y & Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

HEALTH DEPARTMENT
JAN 2 1886

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	29th of December
4. Place of Birth, (Street and Number)	38 Liberty Alley Balto
5. Full Name of Mother,	Mrs Minnie McKenna
6. Mother's Maiden Name,	Minnie Landrus
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	Wm McKenna
9. Father's Occupation,	Huckster
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other Person who makes this Return	Mrs Wooden
Address, 120	Greenmount Ave
Remarks,	

TY PRINTERS AND STATIONERS.

NOTICE

The succeeding documents were received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Fourth

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth* December 1885
4. *Place of Birth (Street and Number)* 390 N Gay St
5. *Full Name of Mother,* Margaret Wing
6. *Mother's Maiden Name,* Elgert
7. *Mother's Birthplace,* Baltimore Md
8. *Full Name of Father,* Chas Wing
9. *Father's Occupation,* Virginia
10. *Father's Birthplace,* Saloon keeper

Name of Medical Attendant, or other Person who makes this Return. 286 McDonough St

Address, Mary A Allwell

Remarks,

be in attendance upon the mother, immediately thereafter it shall become the duty of the person of parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Second
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Dec 29 1888
4. *Place of Birth, (Street and Number)*	46 George Street
5. *Full Name of Mother,*	Fanny Hess
6. *Mother's Maiden Name,*	~~Baltimore~~ Fuld
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Michael Hess
9. *Father's Occupation,*	Merchant
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other Person who makes this Return	A Friedenwald
Address,	88 N Eutaw Street
Remarks,	~~Baltimore~~

PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Dec 30" 1883
4. *Place of Birth, (Street and Number)* 464 Light St
5. *Full Name of Mother,* Mary E Deizaeen
6. *Mother's Maiden Name,* Mary E. Nunnelly
7. *Mother's Birthplace,* Richmond Va
8. *Full Name of Father,* William Deizaeen
9. *Father's Occupation,* Miller
10. *Father's Birthplace,* Washington D.C.

Name of Medical Attendant, or other Person who makes this Return. O. A. Cooke MD

Address, 110 Fort av

Remarks,

HEALTH DEPARTMENT

...y & Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male ~~or female~~) —

2. Race or Color, (if not of the white race) —

3. Date of Birth, Dec. 30. 1885

4. Place of Birth, (Street and Number) 170 Franklin

5. Full Name of Mother, Emma E. Shilling

6. Mother's Maiden Name, Uhler

7. Mother's Birthplace, Carroll Co

8. Full Name of Father, Geo W. Shilling

9. Father's Occupation, Laborer

10. Father's Birthplace, Carroll Co.

Name of Medical Attendant, or other Person who makes this Return. Geo A. Fleming MD

Address, Franklin & Greene Sts.

Remarks,

HEALTH DEPARTMENT, JAN 19 1886 BALTIMORE, MD.

... report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth Dec. 30th 1905
4. Place of Birth (Street and Number) #12 N Eden St
5. Full Name of Mother, Mollie Alexander
6. Mother's Maiden Name, Hewbon
7. Mother's Birthplace, Harford County
8. Full Name of Father, Jno. Alexander
9. Father's Occupation, Driver for Adams Express Co.
10. Father's Birthplace, Balto. Md.

Name of Medical Attendant, or other Person who makes this Return. Mrs. Lena Stillegeist

Address, #182 E Monument St

Remarks,

HEALTH DEPARTMENT JAN 20 1906 BALTIMORE, MD.

be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th Child

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth December 30th 1885

4. Place of Birth, (Street and No.) 180 Light St

5. Full Name of Mother, Mary Kunnecke

6. Mother's Maiden Name Jacobs

7. Mother's Birthplace Balto City

8. Full Name of Father, Frank Kunnecke

9. Father's Occupation, Wholesale & Retail Liquor Dealer

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return. Anna Dunlap

Address, Mrs Anna Dunlap

Remarks, Dr Henry Schroeder

Report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 th Child

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth 30th of December 1885

4. Place of Birth (Street and Number) 29 North Durham Street

5. Full Name of Child Magdalena Wagner

6. Mother's Maiden Name Magdalena Bruder

7. Mother's Birthplace Baltimore

8. Full Name of Father Jno Wagner

9. Father's Occupation, Baker

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return. Erasmus Kunkel

Address, 71 North Chapel Street Per Justina Kunkel

Remarks, Healthy.

City Printers and Stationers

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Balto Dec 31 1883.

No. of Child of Mother, (state whether 1[illegible], &c.) 3d

1. Sex, (state whether male or [illegible] female) [illegible]

2. Race or Color, (if not of th[illegible] white rac[illegible] [illegible]

3. Date of B[illegible] [illegible] 1883.

4. P[illegible] [illegible] Ann St.

[illegible] [illegible]umber) [illegible]

[illegible] [illegible]tie [illegible]

[illegible] [illegible]alie [illegible]

[illegible] [illegible]rice

[illegible] [illegible]bert [illegible]iker

[illegible] Fa[illegible] [illegible]

Fat[illegible] Birthplace, [illegible]

N[illegible] [illegible]ical Attendant, or other Person who makes this Return. Mrs Mary Amend.

Address 137 South Wolfe St.

Remarks, [illegible]

be in attendance upon the mother, [illegible] within the period above required, and any such person report the birth to the Co[illegible] section, shall be subjected to the fine of ten (10) dollars or persons who shall here[illegible] Rules are re[illegible]rable. for each offense to be re[illegible]

[illegible]y & Co., City Printers and Stationers.

Missing

84176-84189,

incl.

RETURN OF A BIRTH

84190

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
FEB 5 1886
BALTIMORE, MD

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) W Lic

3. Date of Birth, Jan. 27. 1886

4. Place of Birth, (Street and Number) Maternite, 111, W Lanvale St.

5. Full Name of Mother, Edith Alt

6. Mother's Maiden Name, Do

7. Mother's Birthplace, England

8. Full Name of Father, —

9. Father's Occupation, —

10. Father's Birthplace, —

Name of Medical Attendant, or other Person who makes this Return. William S Landon M.D.

Address, Maternite

Remarks, Illegitimate

Report its birth to the Commissioner of H... or persons who shall hereafter fail to comp... for each offence to be recovered as other f...

within the period above required, and any such person... his section, shall be subjected to the fine of ten (10) dollars ... coverable.

... & Co., City Printers and Stationers.

84191

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Seventh

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, January 1st
4. Place of Birth, (Street and Number) 75 Parkin Street
5. Full Name of Mother, Emma Meyers
6. Mother's Maiden Name, Emma Elder
7. Mother's Birthplace, Carroll Co Md.
8. Full Name of Father, ~~Emma~~ Wm B. Meyer
9. Father's Occupation, Laborer
10. Father's Birthplace, Frederick Maryland

Name of Medical Attendant, or other Person who makes this Return. J K Wiley MD.

Address, 195 W. Lombard Street

Remarks,

HEALTH DEPARTMENT, APR 7 1886, BALTIMORE, MD.

be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

& Co., City Printers and Stationers.

RETURN OF A BIRTH.

84192

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 10

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) White
3. Date of Birth 1. January
4. Place of Birth, (Street and Number) No 71. Penna. Av.
5. Full Name of Mother, Mary Georgia Sturm
6. Mother's Maiden Name, Hanschel
7. Mother's Birthplace, Gross Blüden Prussia
8. Full Name of Father, Hubert Sturm
9. Father's Occupation, Cigar Manufacturer
10. Father's Birthplace, Strassburg Prussia

Name of Medical Attendant, or other Person who makes this Return. Annie Lindner.

Address, No. 45, S. Monroe St.

Remarks,

HEALTH DEPARTMENT BALTIMORE MD

be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

urphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

8419 3

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth, Jan 1st 1886

4. Place of Birth, (Street and Number) No 9 Bradford Alley

5. Full Name of Mother, Kate " Fuchs

6. Mother's Maiden Name, " " Ritter

7. Mother's Birthplace, City

8. Full Name of Father, Peter Fuchs

9. Father's Occupation, Laborer

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs Elizabeth Belz

Address, 120 Bank St.

Remarks,

HEALTH DEP
FEB
BALTIMORE M

be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

y & Co., City Printers and Stationers.

84194

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* Jan. 1 1886

4. *Place of Birth, (Street and Number)* 241 N. Wolfe

5. *Full Name of Mother,* Virginia Louisie Lusby

6. *Mother's Maiden Name,* Cunningham

7. *Mother's Birthplace,* City

8. *Full Name of Father,* ~~Wm~~ William Lusby

9. *Father's Occupation,* Salesman

10. *Father's Birthplace,* City

Name of Medical Attendant, or other Person who makes this Return E. P. Bons M.D.

Address. 375 E. Baltimore St.

Remarks. Twin Child, first born, the 2nd, was a male, died of hemorrhage from ruptured chord, before my arrival.

HEALTH DEPARTMENT FEB 3 1886 BALTIMORE

LANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

8419

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5 named Wolf

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) White

3. Date of Birth, January 1, 1886

4. Place of Birth, (Street and Number) N 37 Harrison str.

5. Full Name of Mother, Anna Goldress

6. Mother's Maiden Name, " Catz

7. Mother's Birthplace, Russia

8. Full Name of Father, Henry Goldress

9. Father's Occupation, Stokekeeper

10. Father's Birthplace, Russia

Name of Medical Attendant, or other Person who makes this Return. E Scherman

Address, Albemarle st N 26

Remarks,

HEALTH DEPARTMENT
JAN 26 1886
BALTIMORE, MD.

birth of any child shall be the mother, immediately thereafter it shall become the duty of the person or parents of such child, to be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner aforesaid, within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

...y & Co., City Printers and Stationers.

RETURN OF A BIRTH

82196

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
JAN 22 19
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* January 1/86
4. *Place of Birth, (Street and Number)* 197 Caton Ave.
5. *Full Name of Mother,* Minnie Schmittmann
6. *Mother's Maiden Name,* Klingelhöfer
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Frank Schmittmann
9. *Father's Occupation,* Piano Maker
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs. Louise Kraft

Address, 142 S. Washington St.

Remarks,

be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

y & Co., City Printers and Stationers.

84197

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
JAN 12 1886
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 1th January 1886
4. *Place of Birth, (Street and Number)* No. 259 Hanover St.
5. *Full Name of Mother,* Lena Bachmann
6. *Mother's Maiden Name,* Lena Hergenburg
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Henry Bachmann
9. *Father's Occupation,* Cigarmaker,
10. *Father's Birthplace,* New York.

Name of Medical Attendant, or other Person who makes this Return Bosion

Address, Sharp Street 255

Remarks,

...should no other person be in attendance upon the mother, duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

...ITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

B/198

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
JAN 14 188[illegible]
BALTIMORE MD

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)*

3. *Date of Birth,* January

4. *Place of Birth, (Street and Number)* 25 S. Carlin[illegible]

5. *Full Name of Mother,* Emma Jones

6. *Mother's Maiden Name,* Lightenfroech

7. *Mother's Birthplace,* Baltimore

8. *Full Name of Father,* Francis Jones

9. *Father's Occupation,* Police Sargeant

10. *Father's Birthplace,* " Baltimore

Name of Medical Attendant, or other Person who makes this Return Sarah Casper

Address, 72. E. Lombard stret

Remarks,

certificate between the first and third day of each and every [illegible] of midwifery, or should no other person birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall [illegible] fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be re[illegible]d as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH,

8/1199

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

BOARD OF HEALTH
JAN 12 1886
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Second (2nd)
1. *Sex (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth*	January 1st 1886
4. *Place of Birth, (Street and Number)*	179 S. Paca St
5. *Full Name of Mother*	Minnie Schindthelm
6. *Mother's Maiden Name*	Wagner
7. *Mother's Birthplace*	Baltimore Md.
8. *Full Name of Father*	Gustave Schindthelm
9. *Father's Occupation*	Cabinet-maker
Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Louis W. Knight M.D.
Address	112 N. Greene St
Remarks	

name of the mother of such child or children.

NOTICE

The succeeding document was received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

84200

RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
JAN 12 1886
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5 Children

1. Sex (state whether male or female) Female ~~[illegible]~~
2. Race or Color, (if not of the white race) Ballard
3. Date of Birth January 1 th 1886
4. Place of Birth, (Street and Number) Warren No 16
5. Full Name of Mother Sarah Stevenson
6. Mother's Maiden Name Sarah Ballard
7. Mother's Birthplace Prince a Somerset County
8. Full Name of Father Moses Stevenson
9. Father's Occupation Seamster
10. Father's Birthplace Wicomico County Md
11. Name of Medical Attendant, or other Person who makes this Return. Anna Lanphier
12. Address No 9 Union Alley
13. Remarks Mother a Child doing Well

Baltimore City, 1886. [illegible]

Dead

84201

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of Child: Ida Maria Remast

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race)

3. Date of Birth, Jany 1 1886

4. Place of Birth, (Street and Number) 202 Maryland

5. Full Name of Mother, Anna (Daniel) Remast

6. Mother's Maiden Name, " (~~Reposteck~~) Rebstock

7. Mother's Birthplace, Balt

8. Full Name of Father, Frederick (~~Daniel~~ Remast)

9. Father's Occupation, Commission Merchant

10. Father's Birthplace, Balt.

Name of Medical Attendant, or other Person who makes this Return. H. W. Webster

Address, 101 Barre

Remarks,

HEALTH DEPARTMENT JAN 13 18[illegible] BALTIMORE, MD

be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

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84202

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9 Jhon

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 1 Janury 1886
4. Place of Birth, (Street and Number) 13 Albemarle st.
5. Full Name of Mother, Mary Arnust
6. Mother's Maiden Name, " Sheer
7. Mother's Birthplace, Bohemia
8. Full Name of Father, Robert Sheer
9. Father's Occupation, Brass finisher
10. Father's Birthplace, Bohemia

Name of Medical Attendant, or other Person who makes this Return, E Schirman

Address, Albemarle st. N 26

Remarks,

be in attendance upon the Mother, immediately [illegible] report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

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82203

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT, JAN 16 1886 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* Jan: 1st 1886

4. *Place of Birth, (Street and Number)* No. 267 N. Calvert Street

5. *Full Name of Mother,* Charlotte Potter Bourden

6. *Mother's Maiden Name,* Charlotte Potter Higginson

7. *Mother's Birthplace,* Trenton New Jersey

8. *Full Name of Father,* George Hamilton Bourden

9. *Father's Occupation,* Gentleman

10. *Father's Birthplace,* Trenton New Jersey

Name of Medical Attendant, or other Person who makes this Return H. P. Hopkinson

Address, 146 Park Avenue

Remarks,

ANY & CO., CITY PRINTERS AND STATIONERS.

NOTICE

The succeeding document was received in the same condition and microfilmed as shown.

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GIVEN NAME ADDED 12-6-37

84204

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Henrietta Harrison

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth Jan. (3) 1886.
4. Place of Birth, (Street and Number) 236 Montgomery St.
5. Full Name of Mother, Sarah Harrison
6. Mother's Maiden Name, McGowan
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Henry Harrison
9. Father's Occupation, Ranch Worker
10. Father's Birthplace, Calvert Co.

Name of Medical Attendant, or other Person who makes this Return. Miss Scarbrough

Address, 220 Montgomery St.

Remarks,

HEALTH DEPARTMENT
JAN 4 1886
BALTIMORE, MD.

In attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such class, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH

84205

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, JAN 14 1886 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)*

3. *Date of Birth,* 14 January

4. *Place of Birth, (Street and Number)* 67 E. Lombard

5. *Full Name of Mother,* Louise Cassidy

6. *Mother's Maiden Name,* Black

7. *Mother's Birthplace,* Baltimore

8. *Full Name of Father,* Edward Cassidy

9. *Father's Occupation,* Laborer

10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Sarah Casper

Address, 12 E. Lombard Street

Remarks,

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

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12206

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
JAN 6 1886
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* January 1 1886
4. *Place of Birth, (Street and Number)* Jefferson St ~~[illegible]~~ 7
5. *Full Name of Mother,* Nancy Levy
6. *Mother's Maiden Name,* Nancy Jackson
7. *Mother's Birthplace,* Anne Arundel Co
8. *Full Name of Father,* Nathaniel Levy
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Anne Arundel Co

Name of Medical Attendant, or other Person who makes this Return Sarah Jane Wilson

Address. 252 Hughes St

Remarks.

Should the other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

...ITY PRINTERS AND STATIONERS.

84207

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, JAN 6 1886 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Collord
3. *Date of Birth,* friday january 1-1886
4. *Place of Birth, (Street and Number)* 273 Eutaw street
5. *Full Name of Mother,* Guster thomas
6. *Mother's Maiden Name,* guster johnson
7. *Mother's Birthplace,* Chester town
8. *Full Name of Father,* mr willam thomas
9. *Father's Occupation,* Lumbe Piller
10. *Father's Birthplace,* Kent County

Name of Medical Attendant, or other Person who makes this Return. S Sarah Duvall

Address, Mo 9 Jasper St Baltim md

Remarks,

birth of any child shall [illegible] be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH.

84208

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

birth of any child shall occur without the attendance of a ... be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be rec... as other fines and forfeitures are recoverable.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex*, (state whether male or female) Female
2. *Race or Color*, (if not of the white race) White
3. *Date of Birth* 1st of January 188[illegible]
4. *Place of Birth*, (Street and Number) 37 Willow St
5. *Full Name of Mother*, Katie Kehoe
6. *Mother's Maiden Name*, Katie Spaman
7. *Mother's Birthplace*, Ireland
8. *Full Name of Father*, Patrick Kehoe
9. *Father's Occupation*, Laborer
10. *Father's Birthplace*, Ireland

Name of Medical Attendant, or other Person who makes this Return. Mrs. Christina Gaul

Address, 172 Harford Ave

Remarks, 1885

HEALTH DEPARTMENT
JAN 6 1886
BALTIMORE MD

Murphy & Co., City Printers and Stationers.

NOTICE

The succeeding documents were received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

RETURN OF A BIRTH

8/209

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
JAN 6 1880
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, January 1st 1880

4. Place of Birth, (Street and Number) 151 S. Washington St

5. Full Name of Mother, Hannah E. Kerr.

6. Mother's Maiden Name, McDonald

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Thomas Kerr

9. Father's Occupation, Ship Wright

10. Father's Birthplace, Balto.

Name of Medical Attendant, or other Person who makes this Return. Mrs Hannah Knowles

Address, 144 S Bond St

Remarks,

be in attendance upon the mother, immediately thereafter it shall become the duty of the person above required, and any such person report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

y & Co., City Printers and Stationers.

84210

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) the 2. Childe

1. *Sex, (state whether male or female)* Female childe
2. *Race or Color, (if not of the white race)* Color Childe
3. *Date of Birth* the first of janury
4. *Place of Birth, (Street and Number)* 1785 yarkstreet
5. *Full Name of Mother,* Hestes Hall
6. *Mother's Maiden Name,* Hester armstronge
7. *Mother's Birthplace,* Harforde comty
8. *Full Name of Father,* Bein Hall
9. *Father's Occupation,* Carmon
10. *Father's Birthplace,* Colverte comty

Name of Medical Attendant, or other Person who makes this Return. Melley Gross

Address, 181 yark steet

Remarks, — — —

HEALTH DEPARTMENT JAN 6 1880 BALTIMORE, MD.

birth of any child shall occur within the attendance of a [illegible] be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

Murphy & Co., City Printers and Stationers.

84211

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, JAN 8 1886 BALTIMORE MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7 Ses. Child

1. Sex, (state whether ~~male or~~ female)
2. Race or Color, (if not of the white race) White
3. Date of Birth, January the 1. 1886.
4. Place of Birth, (Street and Number) N. Wolfe St. No. 155.
5. Full Name of Mother, Emilie Plänker
6. Mother's Maiden Name, Emilie Jäckel
7. Mother's Birthplace, Balto. City
8. Full Name of Father, Friedrich Plänker
9. Father's Occupation, Bricklayer
10. Father's Birthplace, Siegholz, Fürst Lippe Destmold. Germany

Name of Medical Attendant, or other Person who makes this Return. Mary E. Müller

Address, N. Dallas St. No. 26

Remarks,

be in attendance upon the mother, immediately thereafter it shall be the duty of the Attendant, and within the period above required, and any such person report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

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82/512

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, JAN 5 1886 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Sex, (state whether male ~~or female~~)*
2. *Race or Color, (if not of the white race)* Colrd
3. *Date of Birth,* 1 January
4. *Place of Birth, (Street and Number)* 76 Stackham St
5. *Full Name of Mother,* Catherine Wright. 5 head children
6. *Mother's Maiden Name,* Catherine Harkins the first Boy
7. *Mother's Birthplace,* Montgomery Coun.
8. *Full Name of Father,* John Wright
9. *Father's Occupation,* Teamster
10. *Father's Birthplace,* Nelson Co

Name of Medical Attendant, or other Person who makes this Return. Vine Mills. [illegible]

Address, during Well. as can be done.

Remarks,

[illegible] certificate between the first and third day of each and every month to the [illegible] of midwifery, or should no other person birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall here[illegible] fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be rec[illegible] as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH

82/21/3

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, JAN 5 1886 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colard
3. *Date of Birth,* January 1 1886
4. *Place of Birth, (Street and Number)* 41 Carlton St Baltimore md
5. *Full Name of Mother,* Rebecca Smith
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Baltimore County MD
8. *Full Name of Father,* David Ducket
9. *Father's Occupation,* Waiter
10. *Father's Birthplace,* Baltimore MD

Name of Medical Attendant, or other Person who makes this Return. Mary E. Wilson

Address, 40 Carlton St please excuse me for not Reporting sooner but being sick my self I could not do so

Remarks,

be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH

82/214

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPART JAN BALTIMORE MD

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Child.

1. *Sex, (state whether male or female)* Male.
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Jan 1 1886.
4. *Place of Birth, (Street and Number)* 770 Hanover st.
5. *Full Name of Mother,* Dora Cruse.
6. *Mother's Maiden Name,* Ross.
7. *Mother's Birthplace,* Germany.
8. *Full Name of Father,* Franz Cruse.
9. *Father's Occupation,* Shoe maker.
10. *Father's Birthplace,* Germany.

Name of Medical Attendant, or other Person who makes this Return, J. Lohwasser. Mid. sif.

Address, 330 Hanover st.

Remarks,

[illegible] report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH

8 24215

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
JAN 5 1886
BALTIMORE MD

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* 1 January 886
4. *Place of Birth, (Street and Number)* 376 Pennsylvania ave.
5. *Full Name of Mother,* Minnie Peller
6. *Mother's Maiden Name,* " Wiehl
7. *Mother's Birthplace,* Balt. Md.
8. *Full Name of Father,* Christian Peller
9. *Father's Occupation,* Whole Sale Liquor Dealer
10. *Father's Birthplace,* Balt. Md.

Name of Medical Attendant, or other Person who makes this Return. Mrs Rosa Illig

Address, 48 Holland St

Remarks, Balt Md.

Birth of any child shall ever without the attendance of [illegible] be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH. 84216

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth Jan. 2nd 1886
4. Place of Birth, (Street and Number) 64 Harrison st.
5. Full Name of Mother, Hannah Rabanowich
6. Mother's Maiden Name,
7. Mother's Birthplace, Europe
8. Full Name of Father, Sam. Rabanowich
9. Father's Occupation, Store-keeper
10. Father's Birthplace, Russia

Name of Medical Attendant, or other Person who makes this Return. Mrs. C. Bernstein

Address, 49 S. Exeter st.

Remarks,

HEALTH DEPARTMENT JAN 27 1886 BALTIMORE, MD.

be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons in such case to report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of Child: Elsa Doetsch

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, January 2d 1886
4. Place of Birth, (Street and Number) 59 Lexington
5. Full Name of Mother, Johanna Doetsch
6. Mother's Maiden Name, " Pohl
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Louis J. Doetsch
9. Father's Occupation, Stadt-Kemnath Bavaria
10. Father's Birthplace, Lithographic Printer

Name of Medical Attendant, or other Person who makes this Return. Mrs Dunker

Address, No 60 N. Schroder Str

Remarks,

HEALTH DEPARTMENT JAN 20 1886 BALTIMORE, MD.

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

...o., City Printers and Stationers.

RETURN OF A BIRTH

82/218

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT, JAN 21 1886, BALTIMORE, MD

N[illegible] Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Negro
3. Date of Birth, Jan 2 1886
4. Place of Birth, (Street and Number) 47. Carlton St
5. Full Name of Mother, Mary Price
6. Mother's Maiden Name, Mary Johnson
7. Mother's Birthplace, Georgia
8. Full Name of Father, James Price the dog cather
9. Father's Occupation, the dog catcher
10. [illegible]ther's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Milly Blacke

Address, 53 Carlton St

Remarks, Healthy

NY & CO., CITY PRINTERS AND STATIONERS.

84219

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* January 2nd 1888
4. *Place of Birth, (Street and Number)* Alice Anna St extended
5. *Full Name of Mother,* Mrs Elizabeth Hessenauer
6. *Mother's Maiden Name,* Elizabeth Ebbighausen
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Leonhardt Hessenauer
9. *Father's Occupation,* Stevedore
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs R. A. Garrett

Address, 1065 Burke St

Remarks,

HEALTH DEPARTMENT
1 AUG 1888
BALTIMORE

certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall here[illegible] fail to comply with the provisions of this section, shall be sub[illegible] to the fine of ten (10) dollars for each offence to be rec[illegible] as other fines and forfeitures are recoverable.

urphy & Co., City Printers and Stationers.

82/550

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, JAN 21 1886 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2.

1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race) White
3. Date of Birth, Jan 2/86
4. Place of Birth, (Street and Number) 66. Camden St.
5. Full Name of Mother, Betsy Bank.
6. Mother's Maiden Name, Betsy Bank.
7. Mother's Birthplace, Russa.
8. Full Name of Father, Barnet Bank.
9. Father's Occupation, Peddler
10. Father's Birthplace, Russa

Name of Medical Attendant, or other Person who makes this Return Mrs. R. Goldsmith

Address, 87 Sharp St.

Remarks,

should no other person be in attendance upon the mother, and the mother, and duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

ITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

84221

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether ~~1st, 2d, 3d, &c.~~) Eighth

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* January th 2d.
4. *Place of Birth, (Street and Number)* Baltimore Md No 3 Leadenhall St.
5. *Full Name of Mother,* Minnie Sander.
6. *Mother's Maiden Name,* Minnie Tahna.
7. *Mother's Birthplace,* Germany.
8. *Full Name of Father,* Henry Sander.
9. *Father's Occupation,* A Cigar Maker.
10. *Father's Birthplace,* Germany.

Name of Medical Attendant, or other Person who makes this Return. Mrs Munch

Address, No 1 Leadenhall St,

Remarks,

HEALTH DEPARTMENT FEB 1 1886 BALTIMORE, MD

be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

& Co., City Printers and Stationers.

82/222

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* January 8th 1882
4. *Place of Birth, (Street and Number)* Parrish St. 12
5. *Full Name of Mother,* Mary F Stiner
6. *Mother's Maiden Name,* Mary F Duglas
7. *Mother's Birthplace,* Lankaster Co. Va
8. *Full Name of Father,* Levi Stiner
9. *Father's Occupation,* Tinner
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Miss S Dilley

Address, No 197 Pratt St

Remarks,

HEALTH DEPARTMENT FEB 2 1882 BALTIMORE

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

& Co., City Printers and Stationers.

RETURN OF A BIRTH

82/22 3

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* Jan 2nd 1886
4. *Place of Birth, (Street and Number)* McDonough near Chew St.
5. *Full Name of Mother,* Lallie Brooks
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Balto Md
8. *Full Name of Father,* George Brooks
9. *Father's Occupation,* painter
10. *Father's Birthplace,* Balto Md

Name of Medical Attendant, or other Person who makes this Return. M. B. Billingslea Md.

Address, 228 E. Preston St

Remarks,

HEALTH DEPARTMENT, JAN 23 1886 BALTIMORE, MD.

be in atte... report its bi... or persons who... for each offence...

...hy & Co., City Printers and Stationers.

RETURN OF A BIRTH

84224

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Jan 2nd / 86.
4. Place of Birth, (Street and Number) 39 Randel st
5. Full Name of Mother, Anna R. L. Yungfer
6. Mother's Maiden Name, " Yaurich
7. Mother's Birthplace, Germany
8. Full Name of Father, Ferdinand Yungfer
9. Father's Occupation, Piano-maker
10. Father's Birthplace, Germany
11. Name of Medical Attendant, or other Person who makes this Return. R. S. Buddenbohn
12. Address, 16 S. Paca st.
13. Remarks,

Report in ... nce upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to or persons ... to the Commissioner of Health, in the manner and within the period above required, and any such person for each offens... shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars to be recovered as other fines and forfeit... are recoverable.

...t Co., City Printers and Stationers.

RETURN OF A BIRTH

82/225

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
JAN 9 1886
BALTIMORE MD.

born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. Sex, (state whether male or female)	Female,
2. Race or Color, (if not of the white race)	White,
3. Date of Birth,	Jan 2nd 1886,
4. Place of Birth, (Street and Number)	538 Augusta st.,
5. Full Name of Mother,	Ida Serepta Robinson,
6. Mother's Maiden Name,	Ida Serepta Zinzling
7. Mother's Birthplace,	Balto City
8. Full Name of Father,	Elmer Ellsworth Robinson
9. Father's Occupation,	Blacksmith,
10. Father's Birthplace,	Balto City
Name of Medical Attendant, or other Person who makes this Return	Chas B. Zinzling, M.D.
Address,	282 N. Broadway
Remarks,	

CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

8426

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

ascertained the full name of each child (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the father or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period aforesaid, and any such person or persons who shall neglect or fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6 Dec 26

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 2 January 1866
4. *Place of Birth, (Street and Number)* 41 Harrison str.
5. *Full Name of Mother,* Anna-Freida Klecowsky
6. *Mother's Maiden Name,* " " Hutman
7. *Mother's Birthplace,* Russia
8. *Full Name of Father,* Wolf Klecowsky
9. *Father's Occupation,* Store keeper
10. *Father's Birthplace,* Russia

Name of Medical Attendant, or other Person who makes this Return. E. Schirman

Address, Albemarle st N 26

Remarks,

Murphy & Co., City Printers and Stationers.

NOTICE

The succeeding document was received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

RETURN OF A BIRTH

84227

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, JAN 11 1886 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* January 2 1886
4. *Place of Birth, (Street and Number)* 216 Wm St
5. *Full Name of Mother,* E Catherine Wood
6. *Mother's Maiden Name,* " " 1st Course
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* James W Wood
9. *Father's Occupation,* Letter Carrier
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Theodore Cook M.D.

Address, 146 Hanover St Pr Lo

Remarks,

ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period required, and any such person or persons who shall be [illegible] fail to comply with the provisions of this section, shall be [illegible] to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

81228

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT, JAN 4 1886 BALTIMORE, MD.

born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9th

1. *Sex, (state whether ~~male~~ or female)* Female

2. *Race or Color, (if not of the white race)*

3. *Date of Birth,* January 2nd 1886

4. *Place of Birth, (Street and Number)* 42 E Biddle St

5. *Full Name of Mother,* Mary Ann Paston

6. *Mother's Maiden Name,* Mary Ann Frederick

7. *Mother's Birthplace,* Balto Co

8. *Full Name of Father,* Daniel Paston

9. *Father's Occupation,* Laborer

10. *Father's Birthplace,* Balto Co

Name of Medical Attendant, or other Person who makes this Return Elsa Walle

Address, 8 & W Preston St

Remarks,

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH 84229

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 2 January
4. *Place of Birth, (Street and Number)* 113 E. Pratt
5. *Full Name of Mother,* Mary C. Hammold
6. *Mother's Maiden Name,* Lohmann
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Charles Edward C. Hammold
9. *Father's Occupation,* Cigar-maker
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Sarah Casper

Address, 92. E. Lombard street

Remarks,

HEALTH DEPARTMENT JAN 14 1886 BALTIMORE, MD.

certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall h[illegible] or fail to comply with the provisions of this section, shall be s[illegible]d to the fine of ten (10) dollars for each offense to be r[illegible]ed as other fines and forfeitures are recoverable.

urphy & Co., City Printers and Stationers.

NOTICE

The succeeding document was received in the same condition and microfilmed as shown.

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RETURN OF A BIRTH

8/1230

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, JAN 19 1886 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 2nd Jan 1886
4. *Place of Birth, (Street and Number)* 422 Frederick Ave Baltimore City
5. *Full Name of Mother,* Mary Amos
6. *Mother's Maiden Name,* Mary Krone
7. *Mother's Birthplace,* Baltimore City
8. *Full Name of Father,* Benjamin Howard Amos
9. *Father's Occupation,* Dairy-man
10. *Father's Birthplace,* Baltimore County

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period aforesaid, and any such person or persons who shall neglect or fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

Murphy & Co., City Printers and Stationers.

84231

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* 2 of January 1886
4. *Place of Birth, (Street and Number)* No. 239 William St
5. *Full Name of Mother,* Annie Klein
6. *Mother's Maiden Name,* Annie Williams
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Martin Klein
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Sabina Greshaber

Address, No. 128 West St

Remarks,

HEALTH DEPARTMENT, JAN 6 1890 BALTIMORE, MD.

...ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period al[illegible]quired, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be su[illegible]d to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

...onn Murphy & Co., City Printers and Stationers.

Over

24232

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
JAN 8 1886
BALTIMORE MD

born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1
Name, Edward McKenna Johnson	
1. Sex, (state whether male or female)	Male.
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	Jany 2d 1886
4. Place of Birth, (Street and Number)	26 S. Fremont
5. Full Name of Mother,	Ella Johnson.
6. Mother's Maiden Name,	Rogan
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	Jas. D. Johnson
9. Father's Occupation,	Clerk
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Thomas Opie M. D.
Address,	179 N. Howard St.
Remarks,	

JOHN B. PIET, PRINTER & STATIONER, BALT.

82233

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, JAN 8 1886 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* January 2nd 1886
4. *Place of Birth, (Street and Number)* 146 Bolton st
5. *Full Name of Mother,* Blanche Saunders
6. *Mother's Maiden Name,* " Shipe
7. *Mother's Birthplace,* Page Co Va
8. *Full Name of Father,* William C. Saunders
9. *Father's Occupation,* Commercial Traveller
10. *Father's Birthplace,* King & Queen Co Va

Name of Medical Attendant, or other Person who makes this Return P. C. Williams

Address, 201 Madison Ave

Remarks,

Any name shall have been entered, yes, yes, when, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent [illegible] rents of such child to report its birth to the Board of Health, in the manner, and within the period a[illegible] required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

& CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

$4/234

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period required, and any such person or persons who shall neglect or refuse to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1th

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Jan 2. 1886

4. Place of Birth, (Street and Number) Cooker St

5. Full Name of Mother, Mary Kuhlman

6. Mother's Maiden Name, Mary Wehrhine

7. Mother's Birthplace, Balt

8. Full Name of Father, Charles Kuhlman

9. Father's Occupation, Labor

10. Father's Birthplace, Balt

Name of Medical Attendant, or other Person who makes this Return. Miss Ettes

Address, No 13 Cooker St

Remarks, GIVEN NAME ADDED. 11-20-53

Name: Henry Albert Kuhlman

HEALTH DEPARTMENT JAN 8 1886

n Murphy & Co., City Printers and Stationers.

84235

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Jenny the 1886

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colard
3. *Date of Birth,* Sunday
4. *Place of Birth, (Street and Number)* 46 Stockhallins St
5. *Full Name of Mother,* Martha an Jackson
6. *Mother's Maiden Name,* Martha an Jones
7. *Mother's Birthplace,* Essex Co Va
8. *Full Name of Father,* James H Jackson
9. *Father's Occupation,* Oyster Shocker
10. *Father's Birthplace,* Nar Falk Virgina

Name of Medical Attendant, or other Person who makes this Return. 46 Stockhallins St

Address, Remonta Mills

Remarks, doing Verry Well Con Sidren

HEALTH DEPARTMENT
JAN 5 1886
BALTIMORE, MD.

ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period all required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

n Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

83/236

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
JAN 2 1885
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Jan 2d
4. *Place of Birth, (Street and Number)* Frederick St- 2d house N. of Fayette
5. *Full Name of Mother,* Molly Keller
6. *Mother's Maiden Name,* Don't Know
7. *Mother's Birthplace,* Phila.
8. *Full Name of Father,* —
9. *Father's Occupation,* —
10. *Father's Birthplace,* —

Name of Medical Attendant, or other Person who makes this Return. E. S. Thomas

Address, 47 N. Fayette

Remarks, Premature Birth. Lived ½ hour

parent the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the [redacted] missioner of Health, in the manner and within the period [redacted] required, and any such person or persons who shall [redacted] fail to comply with the provisions of this section, shall be [redacted] d to the fine of ten (10) dollars for each offense to be [redacted] red as other fines and forfeitures are recoverable.

Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH.

B4237

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex*, (state whether male or female) male
2. *Race or Color*, (if not of the white race) white
3. *Date of Birth* Jan. 3rd 1886
4. *Place of Birth*, (Street and Number) 38 Eastern Ave.
5. *Full Name of Mother*, Mary Drago
6. *Mother's Maiden Name*, ~~Italy~~
7. *Mother's Birthplace*, Italy
8. *Full Name of Father*, Frank Drago
9. *Father's Occupation*,
10. *Father's Birthplace*, Italy

Name of Medical Attendant, or other Person who makes this Return. Mrs. E. Bernstein

Address, 49 S. Exeter st.

Remarks,

HEALTH DEPARTMENT
JAN 27 1886
BALTIMORE, MD.

parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period required, and any such person or persons who shall neglect or fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

...an Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

83/238

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT, JAN 25 1886 BALTIMORE, MD.

born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second Child

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 3 of January
4. *Place of Birth, (Street and Number)* 15 Luca St
5. *Full Name of Mother,* Katie Gilroy
6. *Mother's Maiden Name,* Katie Cain
7. *Mother's Birthplace,* Cumberland
8. *Full Name of Father,* James Gilroy
9. *Father's Occupation,* Horse Shoer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs Ida Sadler

Address, 165 Lee st

Remarks,

JOHN B. FIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH

8/1239

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

be in attendance upon the ... report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Jan 3rd 86.
4. *Place of Birth, (Street and Number)* 128 Conway St
5. *Full Name of Mother,* Dorothea C Crawford
6. *Mother's Maiden Name,* C Schmidt
7. *Mother's Birthplace,* Balto.
8. *Full Name of Father,* Samuel Crawford
9. *Father's Occupation,* Carpenter
10. *Father's Birthplace,* Balto.

Name of Medical Attendant, or other Person who makes this Return. C. L. Buddenbohm M.D.

Address, 166 S. Paca St.

Remarks,

y & Co., City Printers and Stationers.

NOTICE

The succeeding document was received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

RETURN OF A BIRTH

84240

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* January 3rd 1886
4. *Place of Birth, (Street and Number)* 341 Sharp St.
5. *Full Name of Mother,* Annie L. March
6. *Mother's Maiden Name,* " " " Newcomb
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Warren March
9. *Father's Occupation,* Huckster
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Theodore Cooke M.D.

Address, 46 Hanover St. P.O.

Remarks,

be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

hy & Co., City Printers and Stationers.

RETURN OF A BIRTH

84241

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
JAN 12
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Jan 3a 1886
4. *Place of Birth, (Street and Number)* 271. William St
5. *Full Name of Mother,* Nannie Hiss
6. *Mother's Maiden Name,* Nannie, Hopkins
7. *Mother's Birthplace,* Cambridge Md
8. *Full Name of Father,* Frank Hiss
9. *Father's Occupation,* Coal Dealer
10. *Father's Birthplace,* Baltimore Md

Name of Medical Attendant, or other Person who makes this Return. H. B. Noble Md

Address, 50 Warren Ave

Remarks,

be in attendance upon the Mother, and whose [illegible] report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

84242

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT, JAN 12 1886 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) fourth childs

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) colard

3. Date of Birth, the 3. of Janruy 1886

4. Place of Birth, (Street and Number) No. 16. Mason aley

5. Full Name of Mother, Mary. Brown.

6. Mother's Maiden Name, Mary Boughn

7. Mother's Birthplace, Essex Co. Va

8. Full Name of Father, Jophs. Brown

9. Father's Occupation, waiter

10. Father's Birthplace. Molbart prence gorge

Name of Medical Attendant, or other Person who makes this Return

Address, Lucy cornish. no. ~~11. Jordan aley~~ 13 Jorden Alley

Remarks,

CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

84243

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT, JAN 9 1886 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d Child

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* Jan 3d 1886
4. *Place of Birth, (Street and Number)* 31 Lexington St
5. *Full Name of Mother,* Martha Simms
6. *Mother's Maiden Name,* " " Molton
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* James Simms
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Balto.

Name of Medical Attendant, or other Person who makes this Return Dr W Gombel

Address, 170 S. Sharp St.

Remarks,

...NTY PRINTERS AND STATIONERS

84244

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2d

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth* 41 Walnut Alley
4. *Place of Birth, (Street and Number)* January 3d 1886
5. *Full Name of Mother,* Carrie Janney
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Anne Rundel Co Md
8. *Full Name of Father,* James Janney
9. *Father's Occupation,* Hod Carrier
10. *Father's Birthplace,* Prince George Co Md

Name of Medical Attendant, or other Person who makes this Return. Hester Cotance

Address, 39 E. Monument Street

Remarks,

HEALTH DEPARTMENT, FEB 6 1886 BALTIMORE, MD.

birth of any child shall occur without the attendance of a [illegible] be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

82455

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) .....

1. *Sex, (state whether male or ~~female~~)* .....
2. *Race or Color, (if not of the white race)* .....
3. *Date of Birth,* 3 January
4. *Place of Birth, (Street and Number)* Baltimore 352 South Sharp St.
5. *Full Name of Mother,* Mary Rausch
6. *Mother's Maiden Name,* Mary Pamuth
7. *Mother's Birthplace,* Washington
8. *Full Name of Father,* Herman Rausch
9. *Father's Occupation,* Piano Maker
10. *Father's Birthplace,* Germany.

Name of Medical Attendant, or other Person who makes this Return. Peter Mundth

Address, No 1 Leadenhall St,

Remarks, ...

HEALTH DEPARTMENT

FEB 66

be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

...hy & Co., City Printers and Stationers.

84246

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4. th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth* January 3. 1886
4. *Place of Birth, (Street and Number)* No. 242. W. Pratt st.
5. *Full Name of Mother,* Annie Sauer.
6. *Mother's Maiden Name,* " " Colum.
7. *Mother's Birthplace,* Oberungarwizelen.
8. *Full Name of Father,* Andrew Sauer.
9. *Father's Occupation,* Tailor.
10. *Father's Birthplace,* Botshindorf.

Name of Medical Attendant, or other Person who makes this Return. Annie Lindner.

Address, No. 45. S. Monroe st.

Remarks,

HEALTH DEPARTMENT

...be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

...urphy & Co., City Printers and Stationers.

RETURN OF A BIRTH.

84247

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 10th ½

1. *Sex*, (state whether male or female) male
2. *Race or Color*, (if not of the white race) White
3. *Date of Birth* Jan 3d 1886
4. *Place of Birth*, (Street and Number) 114 Castle St.
5. *Full Name of Mother*, Baby Svec
6. *Mother's Maiden Name*, " " Pavis Kova
7. *Mother's Birthplace*, Bohemia
8. *Full Name of Father*, Frank Svec
9. *Father's Occupation*, Tailor
10. *Father's Birthplace*, Bohemia

Name of Medical Attendant, or other Person who makes this Return. Josephine Conrad

Address, 20 Bayne St

Remarks,

HEALTH DEPART

Murphy & Co., City Printers and Stationers.

Ow 84248

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of Child: Garnettie See Anderson

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race) White
3. Date of Birth Jan. 3rd 1886.
4. Place of Birth, (Street and Number) #307 E Eager St.
5. Full Name of Mother, Ida Anderson.
6. Mother's Maiden Name, " Griffith
7. Mother's Birthplace, Anne Arundel County.
8. Full Name of Father, James Anderson.
9. Father's Occupation, Miller.
10. Father's Birthplace, Nicomico County.

Name of Medical Attendant, or other Person who makes this Return. Mrs Dina Villegust

Address, #182 E Monument.

Remarks,

HEALTH DEPARTMENT FEB 3 1886 BALTIMORE, MD.

birth of any child upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

urphy & Co., City Printers and Stationers.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
JAN 9 1886
BALTIMORE MD

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10 Child,

1. Sex (state whether male or female) Male,
2. Race or Color (if not of the white race) White race,
3. Date of Birth 3 of January 1886,
4. Place of Birth (Street and Number) No 14 Main st,
5. Full Name of Mother Mary Pelkine,
6. Mother's Maiden Name Mary Fenner,
7. Mother's Birthplace in Germany,
8. Full Name of Father Wilem Pelkine,
9. Father's Occupation a Laborer,
10. Father's Birthplace in Germany,

Name of Medical Attendant, or other Person who makes this Return.

Address Midwife Theresa Geller No 34 Beddel Alley,

Remarks

name of the mother of such child or children.

RETURN OF A BIRTH.

Af 250

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JAN 11 1886 BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	5
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	Colored.
3. *Date of Birth*	Jan. 3rd 1886
4. *Place of Birth, (Street and Number)*	Baltimore Md. # 17. Courtland St.
5. *Full Name of Mother,*	Emma F. Oliver.
6. *Mother's Maiden Name,*	Emma F. Carroll.
7. *Mother's Birthplace,*	Rockville Montgomery Co. Md.
8. *Full Name of Father,*	Isidore D. Oliver.
9. *Father's Occupation,*	Agent.
10. *Father's Birthplace,*	Baltimore Md.
Name of Medical Attendant, or other Person who makes this Return.	Anne Johnson
Address,	94 Tyson street
Remarks,	

be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

urphy & Co., City Printers and Stationers.

NOTICE

The succeeding documents were received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

RETURN OF A BIRTH.

84251

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, JAN 11 18[illegible] BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* Jan 3rd 86.
4. *Place of Birth, (Street and Number)* No 135 S Register St
5. *Full Name of Mother,* Mrs Emila Wiessner
6. *Mother's Maiden Name,* " " Busch
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* George Wiessner
9. *Father's Occupation,* Varnisher
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs Goetzke

Address, No 55 S. Bond St

Remarks,

birth of any child shall occur without the attendance of a [illegible] be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

urphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

81252

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, JAN 11 1886 BALTIMORE, MD

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* January 3rd 1886
4. *Place of Birth, (Street and Number)* 226 Sharp St
5. *Full Name of Mother,* Minnie Ferguson
6. *Mother's Maiden Name,* " Pyle
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* James F. Ferguson
9. *Father's Occupation,* Conductor
10. *Father's Birthplace,* Ireland

Name of Medical Attendant, or other Person who makes this Return: Theodore Cooke M.D.

Address, 116 Hancock St

Remarks,

be in attendance upon the mother, immediately thereafter in such [illegible] report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

y & Co., City Printers and Stationers.

RETURN OF A BIRTH

#24253

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
JAN 18 1886
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Jan. 3rd, 1886
4. *Place of Birth, (Street and Number)*	499 Lexington St.
5. *Full Name of Mother,*	Mrs. Agnes Sawkins
6. *Mother's Maiden Name,*	" McPhail
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Arthur Clifton Sawkins
9. *Father's Occupation,*	Nothing to do.
10. *Mother's Birthplace,*	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	T. Chew Worthington
Address,	#373 W. Fayette St.
Remarks,	

ET, PRINTER & STATIONER, BALT.

84254

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, JAN 15 1886 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Jan 3 1886
4. *Place of Birth, (Street and Number)* 127 N Eutaw St
5. *Full Name of Mother,* Julie Rosenstock
6. *Mother's Maiden Name,* Julie Schloss
7. *Mother's Birthplace,* City
8. *Full Name of Father,* Leo Rosenstock
9. *Father's Occupation,* Merchant.
10. *Father's Birthplace,* City

Name of Medical Attendant, or other Person who makes this Return A B Arnold M.D.

Address,

Remarks,

should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

CITY PRINTERS AND STATIONERS.

82455

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th.

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth, Jan. 3. 86.

4. Place of Birth, (Street and Number) 19 E. Monument St.

5. Full Name of Mother, Mary Dale

6. Mother's Maiden Name, " Bennet

7. Mother's Birthplace, Md.

8. Full Name of Father, George Dale

9. Father's Occupation, Policeman

10. Father's Birthplace, Md.

Name of Medical Attendant, or other Person who makes this Return. J. H. Robinson M. D.

Address, 23½ Greenmount Ave

Remarks,

HEALTH DEPARTMENT
JAN 14 1886
BALTIMORE, MD.

be in attendance upon the mother, shall report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

y & Co., City Printers and Stationers.

RETURN OF A BIRTH

84256

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, 3rd January
4. Place of Birth, (Street and Number) 44 N Spring St Balto.
5. Full Name of Mother, Violet Ann Jackson
6. Mother's Maiden Name, " " Grason
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Randal Jackson
9. Father's Occupation, Brickmaker
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs Groomy

Address, 466 N Gay St

Remarks,

HEALTH DEPARTMENT, JAN 19 1886 BALTIMORE, MD.

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

& Co., City Printers and Stationers.

84257

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, JAN 6 1886 BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* 3 of January 1886
4. *Place of Birth, (Street and Number)* No 398 Charles St
5. *Full Name of Mother,* Kate Madl
6. *Mother's Maiden Name,* Kate Meier
7. *Mother's Birthplace,* Bycirn
8. *Full Name of Father,* Louis Madl
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Bayern

Name of Medical Attendant, or other Person who makes this Return. Sabina Greshaber

Address, No 128 West St

Remarks,

report its birth to the Commissioner of Health, in the manner and within the period ... or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

...phy & Co., City Printers and Stationers.

84258

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* 3 of January 18[illegible]
4. *Place of Birth, (Street and Number)* No. 85 Johnson St.
5. *Full Name of Mother,* Maggie Santmyer
6. *Mother's Maiden Name,* Maggie Cahill
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Charles Santmyer
9. *Father's Occupation,* Plasterer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Sabina Greshaw

Address, No. 158 West St.

Remarks,

HEALTH DEPARTMENT, JAN 6 1886 BALTIMORE, MD.

report its birth to the Commissioner of Health, in the manner and [illegible] or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

phy & Co., City Printers and Stationers.

RETURN OF A BIRTH.

84259

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth* 3 [illegible]
4. *Place of Birth, (Street and Number)* Little Moundgomry St No 346
5. *Full Name of Mother,* Maggie Other
6. *Mother's Maiden Name,* Maggie A hart
7. *Mother's Birthplace,* Verginia
8. *Full Name of Father,* Herbert Other
9. *Father's Occupation,* Cook
10. *Father's Birthplace,* Nembetford

Name of Medical Attendant, or other Person who makes this Return. Millie Gross

Address, 181 yark street

Remarks,

HEALTH DEPARTMENT JAN 6 [illegible] BALTIMORE [illegible]

report its birth to the Commissioner of Health, in the manner and within the [illegible] or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

[illegible]phy & Co., City Printers and Stationers.

84260

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, January 3rd 1886
4. Place of Birth, (Street and Number) 60 Brune St
5. Full Name of Mother, Eliza ~~McCann~~ Donnelly
6. Mother's Maiden Name, " McCann
7. Mother's Birthplace, Ireland
8. Full Name of Father, Patrick Donnelly
9. Father's Occupation, Clerk
10. Father's Birthplace, Ireland

Name of Medical Attendant, or other Person who makes this Return. Jas. E. Gibbons M.D.

Address, 47 Edmondson ave

Remarks,

HEALTH DEPARTMENT, BALTIMORE, MD.

[illegible] or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine or [illegible] for each offence to be recovered as other fines and forfeitures are recoverable.

& Co., City Printers and Stationers.

RETURN OF A BIRTH 82261

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* African
3. *Date of Birth,* Jan 3 1884
4. *Place of Birth, (Street and Number)* 230 Bruce St
5. *Full Name of Mother,* Virginia Wood
6. *Mother's Maiden Name,* Virginia Arthur
7. *Mother's Birthplace,* Maryland
8. *Full Name of Father,* Henry Wood
9. *Father's Occupation,* Brick carrier
10. *Father's Birthplace,* Maryland

Name of Medical Attendant, or other Person who makes this Return. Annie L. Alexander M.D.

Address, 385 W. Lanvale St.

Remarks,

HEALTH DEPARTMENT JAN 4 1886 BALTIMORE, MD.

or persons who shall hereafter fail to comply with the [illegible] are recoverable for each offense to be recovered as other fines and forfeitures are recoverable.

Co., City Printers and Stationers.

RETURN OF A BIRTH

84262

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, JAN 4 1886 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

Sex, (state whether male or female) Female

2. *Race or Color, (if not of the white race)* Colored

3. *Date of Birth,* Jan 30 1886

4. *Place of Birth, (Street and Number)* 101 Vincent St

5. *Full Name of Mother,* Mary Dutton

6. *Mother's Maiden Name,* Mary Johnson

7. *Mother's Birthplace,* West River

8. *Full Name of Father,* William Dutton

9. *Father's Occupation,* Rag man

10. *Father's Birthplace,* West River

Name of Medical Attendant, or other Person who makes this Return. [illegible]

Address, 16 [illegible]

Remarks,

or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to fines and forfeitures for each offense to be recovered as other fines and forfeitures are recoverable.

Co., City Printers and Stationers.

RETURN OF A BIRTH

82/263

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, JAN 28 1886 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)*
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Jan 4/86
4. *Place of Birth, (Street and Number)* 34 Lemmon St
5. *Full Name of Mother,* Maggie Eckle
6. *Mother's Maiden Name,* " Fahey
7. *Mother's Birthplace,* Ireland
8. *Full Name of Father,* A. L. Eckle
9. *Father's Occupation,* Compounder of Whiskies
10. *Father's Birthplace,* Cumberland Md

Name of Medical Attendant, or other Person who makes this Return. A. L. Sprawhw

Address, 38 W Lombard St

Remarks,

Report the names of persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine and forfeiture for each offense to be recovered as other fines and forfeitures are recoverable.

84264

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
JAN 20 1886
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd Child

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Jan 4th
4. Place of Birth, (Street and Number) #6 Scott St
5. Full Name of Mother, Justenia Simon
6. Mother's Maiden Name, Justenia Wever
7. Mother's Birthplace, Biron Germany
8. Full Name of Father, Philip Simon
9. Father's Occupation, Cigar Maker
10. Father's Birthplace, Hessen Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs Anna Lumsler

Address, 60 North Schroeder.

Remarks,

for each offense to be recovered as other fines and forfeitures are recovered.

o., City Printers and Stationers.

RETURN OF A BIRTH

8426

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
JAN 22 1886
BALTIMORE MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, 4th Jany 1886.

4. Place of Birth, (Street and Number) 27½ Linden Ave

5. Full Name of Mother, Lillie R. Whitman

6. Mother's Maiden Name, Rigney

7. Mother's Birthplace, Balto.

8. Full Name of Father, Frederick W. Whitman

9. Father's Occupation, Mchst.

10. Father's Birthplace, Balto.

Name of Medical Attendant, or other Person who makes this Return H. W. Owings

Address, 364 Madison Ave

Remarks,

& CO., CITY PRINTERS AND STATIONERS.

84266

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, JAN 25 1886 BALTIMORE MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Second

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth* Monday the 4. January 1886
4. *Place of Birth, (Street and Number)* Preston St. 906
5. *Full Name of Mother,* Jennie Hutton
6. *Mother's Maiden Name,* Jennie Mitchell
7. *Mother's Birthplace,* Sandoz Spring Montgomery Co. Md
8. *Full Name of Father,* Robert Murry Hutton
9. *Father's Occupation,* Waiter
10. *Father's Birthplace,* Baltimore City

Name of Medical Attendant, or other Person who makes this Return. Anne Johnson

Address, 94 Tyson street

Remarks,

report its birth to the Commissioner of Health, in the manner [illegible] or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

...hy & Co., City Printers and Stationers.

RETURN OF A BIRTH

84267

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT, JAN 25 1886, BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Fifth Child
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	4 of January, 1886
4. *Place of Birth, (Street and Number)*	274 McHenry St
5. *Full Name of Mother,*	Mary A Flercick
6. *Mother's Maiden Name,*	Mary A Quirk
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Charles A Flercick
9. *Father's Occupation,*	Machinist
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Mrs Zeta Sadler
Address,	No 5 New
Remarks,	

PRINTER & STATIONER, BALT.

84268

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Jan. 7th 1886
4. *Place of Birth, (Street and Number)* Cor. Continue & Dallas st.
5. *Full Name of Mother,* Lizzie Kibler
6. *Mother's Maiden Name,* " " " Geer
7. *Mother's Birthplace,* Balto.
8. *Full Name of Father,* Frank Geer
9. *Father's Occupation,* Lever work
10. *Father's Birthplace,* Balto.

Name of Medical Attendant, or other Person who makes this Return. Sophie Lieman

Address, No. 18 Eastport

Remarks,

HEALTH DEPARTMENT JAN 9 1886

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the [illegible] for each offense to be recovered as other fines and forfeitures are recoverable.

Co. City Printers and Stationers.

84269

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Fith Child

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth Monday January 4th, 1886
4. Place of Birth, (Street and Number) 3 Greenwillow street
5. Full Name of Mother, Columbia S. Huclef
6. Mother's Maiden Name, " " " " Johnson
7. Mother's Birthplace, Virginia
8. Full Name of Father, Samuel Russell Huclefs
9. Father's Occupation, Messenger
10. Father's Birthplace, Richmond Va

Name of Medical Attendant, or other Person who makes this Return. Mrs Annie Johnson

Address, 9 W Tyson street

Remarks,

HEALTH DEPARTMENT JAN 11 1886 BALTIMORE, MD.

report its birth to the Commissioner of Health, in the manner [illegible] or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) [illegible] for each offence to be recovered as other fines and forfeitures are recoverable.

hy & Co., City Printers and Stationers.

RETURN OF A BIRTH

84270

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
JAN 15 1886
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1 & 2 (Twins)
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Jany. 4th 1886.
4. *Place of Birth, (Street and Number)*	284 W. Fayette
5. *Full Name of Mother,*	Ella A Worthington
6. *Mother's Maiden Name,*	" " Berry
7. *Mother's Birthplace,*	Virginia
8. *Full Name of Father,*	Charles S. Worthington
9. *Father's Occupation,*	R.R. Conductor (B&O.)
10. *Father's Birthplace,*	Maryland
Name of Medical Attendant, or other Person who makes this Return.	Thomas Opie M.D.
Address,	179 N. Howard St
Remarks,	

, PRINTER & STATIONER, BALT.

84271

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, JAN 18 1886 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th Child

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) Jan 4 — 1886.

3. Date of Birth, 332 Hanover st.

4. Place of Birth, (Street and Number)

5. Full Name of Mother, Lizzie Welsch.

6. Mother's Maiden Name, Fitzelberger.

7. Mother's Birthplace, America.

8. Full Name of Father, Tim Welsch.

9. Father's Occupation, Tinner.

10. Father's Birthplace, America.

Name of Medical Attendant, or other Person who makes this Return. J. Lohwasser. Midwife.

Address, 330 Hanover st.

Remarks,

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the ... for each offense to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH

12272

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, JAN 18 1886 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) .....

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 4 January
4. *Place of Birth, (Street and Number)* Hull st
5. *Full Name of Mother,* Henrietta Buckhite
6. *Mother's Maiden Name,* H. Martingal
7. *Mother's Birthplace,* Baltimore MD
8. *Full Name of Father,* Adam Buckhite
9. *Father's Occupation,* Labore
10. *Father's Birthplace,* Baltimore MD

Name of Medical Attendant, or other Person who makes this Return Mary Minster

Address, 630 light st

Remarks, ...

...ility of the parent or parents ... within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

...Y PRINTERS AND STATIONERS.

RETURN OF A BIRTH

82/2763

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
BALTIMORE MD

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth, Jan the 4th 1886

4. Place of Birth, (Street and Number) 183 Riverside Ave

5. Full Name of Mother, George Walter Reinby

6. Mother's Maiden Name, Weaver

7. Mother's Birthplace, Baltimore City

8. Full Name of Father, Mary Catherine Reinby

9. Father's Occupation, Sheet Iron Worker

10. Father's Birthplace, Cambridge Dorchester Co Md

Name of Medical Attendant, or other Person who makes this Return. Elizabeth Gerrell

Address, 68 Front Ave

Remarks,

be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Second
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth*	January 4th 16
4. *Place of Birth, (Street and Number)*	17 Abbott St.
5. *Full Name of Mother,*	Rosa Drda
6. *Mother's Maiden Name,*	" " Vacek
7. *Mother's Birthplace,* Bohemia	Joseph Drda
8. *Full Name of Father,*	" "
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	Bohemia
Name of Medical Attendant, or other Person who makes this Return.	Josephine Conrad
Address,	20 Barnes St.
Remarks,	

birth of any child shall occur without the attendance of a ... be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH.

84295

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
FEB 1886
BALTIMORE MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or ~~female~~) [illegible]
2. Race or Color, (if not of the white race) W
3. Date of Birth Jany 4 1886
4. Place of Birth, (Street and Number) 168 N Eden
5. Full Name of Mother, Sarah Lynch
6. Mother's Maiden Name, Sarah Campbell
7. Mother's Birthplace, Balt
8. Full Name of Father, Wm Lynch
9. Father's Occupation, Clerk
10. Father's Birthplace, Balt

Name of Medical Attendant, or other Person who makes this Return. J H Patterson M D

Address, 23 Franklin

Remarks,

be in attendance upon the mother, immediately thereafter it shall become the duty of the [illegible] to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

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84276

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6th.

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth Jan. 4th 1896
4. Place of Birth, (Street and Number) #370 E Eager St.
5. Full Name of Mother, Mary Sibert
6. Mother's Maiden Name, Holland
7. Mother's Birthplace, Balto. Md
8. Full Name of Father, John Sibert
9. Father's Occupation, Tailor
10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs. Dena Dillegust

Address, #162 E Monument St.

Remarks,

HEALTH DEPARTMENT FEB 3 1896 BALTIMORE MD

be in attendance upon the mother, immediately thereafter it shall become the duty of the person in charge of such case to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH

84277

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* January 4th 1886

4. *Place of Birth, (Street and Number)* 210 Hudson Street

5. *Full Name of Mother,* Mary E. Keys

6. *Mother's Maiden Name,* Mary E. Sullens

7. *Mother's Birthplace,* Baltimore City

8. *Full Name of Father,* James H. Keys

9. *Father's Occupation,* Can maker

10. *Father's Birthplace,* Baltimore City

Name of Medical Attendant, or other Person who makes this Return. Mrs Sarah Sullens

Address, 104 Burley street

Remarks,

HEALTH DEPARTMENT RECEIVED JAN 7 1886 BALTIMORE MD

be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report his birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

y & Co., City Printers and Stationers.

RETURN OF A BIRTH

84278

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th.

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, January 4th 1894

4. Place of Birth, (Street and Number) No 556 N Gay St.

5. Full Name of Mother, Paulina Biderman

6. Mother's Maiden Name, Paulina Feesenmeyer

7. Mother's Birthplace, Germany

8. Full Name of Father, Mac. Biderman

9. Father's Occupation, Restuarant.

10. Father's Birthplace, Germany.

Name of Medical Attendant, or other Person who makes this Return. M. A. Butt

Address, 185 S.E. cor Central av. & Monument St.

Remarks, All Well

K. B.

BOARD OF HEALTH DEPARTMENT

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) Dollars for each offense to be recovered as other fines and forfeitures are recoverable.

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84279

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Balto Jan 5th 1886.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race) White.
3. Date of Birth, Balto Jan 4th 1886.
4. Place of Birth, (Street and Number) 289 South Bond Street.
5. Full Name of Mother, Katie Koerber.
6. Mother's Maiden Name, Katie Datz.
7. Mother's Birthplace, America.
8. Full Name of Father, Christ Koerber.
9. Father's Occupation, Molder.
10. Father's Birthplace, America

Name of Medical Attendant, or other Person who makes this Return. Mrs Mary Amend

Address, 137. South Wolfe St.

Remarks, CH

HEALTH DEPARTMENT, JAN 6 1886 BALTIMORE, MD.

...e in attendance upon the mother, immediately thereafter is hereby required, in the manner and within the period above required, and any such person report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

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84280

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 8th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* 4th of January 1885
4. *Place of Birth, (Street and Number)* 46 Chew St
5. *Full Name of Mother,* Martha Dare
6. *Mother's Maiden Name,* Martha Edwards
7. *Mother's Birthplace,* Harford County
8. *Full Name of Father,* E. E. Dare
9. *Father's Occupation,* Steam & Gas Fitter
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs Christina Sauer

Address, 1732 Harford Ave

Remarks, 1885.

HEALTH DEPARTMENT, JAN 6 1886 BALTIMORE MD

birth of any child shall [illegible] be in attendance upon the mother, immediately thereafter it shall become the duty of the person of parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

urphy & Co., City Printers and Stationers.

84281

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Forth Child 1 of Jan

1. *Sex, (state whether male or female)* male Child
2. *Race or Color, (if not of the white race)* Colord chesnut
3. *Date of Birth,* Bornd Jan the 11
4. *Place of Birth, (Street and Number)* South Durham Street 154
5. *Full Name of Mother,* Leonida Jackson
6. *Mother's Maiden Name,* Leonida Hollis
7. *Mother's Birthplace,* Drawbridge Dochester Co Md
8. *Full Name of Father,* Thomas J Jackson
9. *Father's Occupation,* occupation mearnear
10. *Father's Birthplace,* Dochester Co Md

Name of Medical Attendant, or other Person who makes this Return. Susan Margan

Address, no 47 north Durham St

Remarks,

HEALTH DEPARTMENT, JAN 7 1886 BALTIMORE

birth of any child shall occur without the attendance of a [illegible] be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH

81282

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
JAN 7 1886
BALTIMORE MD

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st Child.

1. *Sex, (state whether male or female)* Girl.
2. *Race or Color, (if not of the white race)* White.
3. *Date of Birth,* 7th of January 1886.
4. *Place of Birth, (Street and Number)* No 13 Collington Ave.
5. *Full Name of Mother,* Malbinna Benden.
6. *Mother's Maiden Name,* Malbinna Gibson.
7. *Mother's Birthplace,* Eastern shore Somersets County.
8. *Full Name of Father,* James W. Gibson.
9. *Father's Occupation,* Seafairy Mann.
10. *Father's Birthplace,* Eastern shore Somersets County.

Name of Medical Attendant, or other Person who makes this Return. Crescintia Kunkel

Address, 71 North Chapel street per Justina Kunkel

Remarks, Healthy.

be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

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84283

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* January 4. 1886
4. *Place of Birth, (Street and Number)* No 69 Fort Avenue
5. *Full Name of Mother,* Ava Gagler
6. *Mother's Maiden Name,* Ava Schroeder
7. *Mother's Birthplace,* Germna
8. *Full Name of Father,* Joseph Gagler
9. *Father's Occupation,* Labor
10. *Father's Birthplace,* Germna

Name of Medical Attendant, or other Person who makes this Return. Mrs Ettel

Address, No 13 Cub St

Remarks,

HEALTH DEPARTMENT, JAN 8 1886 BALTIMORE, MD.

birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH

87/284

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT, JAN 4 1856 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. Sex, (state whether male or female)	female
2. Race or Color, (if not of the white race)	Colored
3. Date of Birth,	Jany 4 1856
4. Place of Birth, (Street and Number)	196 n Bethel
5. Full Name of Mother,	Lavina Williams
6. Mother's Maiden Name,	Lavina Chester
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	Wm D Williams
9. Father's Occupation,	Laborer
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other Person who makes this Return	Daniel V Magee MD
Address,	192 Aisquith St
Remarks,	Back

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RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* January 4 1886
4. *Place of Birth, (Street and Number)* 477 N. Fremont
5. *Full Name of Mother,* Serena J Cameron
6. *Mother's Maiden Name,* Mackey
7. *Mother's Birthplace,* Pa.
8. *Full Name of Father,* Benj. F. Cameron
9. *Father's Occupation,* Blacksmith
10. *Father's Birthplace,* Va.

Name of Medical Attendant, or other Person who makes this Return J. H. Christian M.D.

Address,

Remarks,

HEALTH DEPARTMENT JAN 5 1886 BALTIMORE MD.

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RETURN OF A BIRTH

13288

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
JAN 21 1886
BALTIMORE MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth. Jan 5/86.
4. Place of Birth, (Street and Number) 237 N. Charles St
5. Full Name of Mother. Dolly. Kaufman
6. Mother's Maiden Name Dolly Gaborsky.
7. Mother's Birthplace, Russia
8. Full Name of Father, Isaac Kaufman.
9. Father's Occupation, Tailor
10. Father's Birthplace, Russia.

Name of Medical Attendant, or other Person who makes this Return Mrs. R. Goldsmith

Address, 87 Sharp St.

Remarks,

should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines are now recoverable.

CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

82/287

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) the 7 Child

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colord
3. *Date of Birth,* 5 day of janery
4. *Place of Birth, (Street and Number)* No 12 Shield alie
5. *Full Name of Mother,* Luvenia Cold
6. *Mother's Maiden Name,* Luvenia Cook
7. *Mother's Birthplace,* Hartford Conty MD
8. *Full Name of Father,* Joseph Cold
9. *Father's Occupation,* driven lumber wagon
10. *Father's Birthplace,* Baltimae MD

Name of Medical Attendant, or other Person who makes this Return. Sleust Cook

Address, No 74 ortched St

Remarks,

HEALTH DEPARTMENT, JAN 27 1880 BALTIMORE, MD.

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

A. Co., City Printers and Stationers.

NOTICE

The succeeding documents were received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

84288

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* January 5th 1886
4. *Place of Birth, (Street and Number)* No 11 Byrd st
5. *Full Name of Mother,* Emma, Louisa, Tipp
6. *Mother's Maiden Name,* Emma Louisa Lewis
7. *Mother's Birthplace,* Boston Mass.
8. *Full Name of Father,* Hiram Tipp
9. *Father's Occupation,* Mechonery
10. *Father's Birthplace,* Boston Mass.

Name of Medical Attendant, or other Person who makes this Return. Catherine Horning

Address, No 18 Byrd st

Remarks,

HEALTH DEPARTMENT
JAN 12 1886
BALTIMORE MD

...be in attendance upon the mother, immediately thereafter, to ... within the period above required, and any such person report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

...phy & Co., City Printers and Stationers.

84289

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JAN 11 1886 BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	One child
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	Colored race
3. *Date of Birth*	January 5, 1886
4. *Place of Birth, (Street and Number)*	225 Orleans St
5. *Full Name of Mother,*	Annie Camphor
6. *Mother's Maiden Name,*	Annie Baily
7. *Mother's Birthplace,*	Easten Shore
8. *Full Name of Father,*	George Camph
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	Easten Shore
Name of Medical Attendant, or other Person who makes this Return.	Lucindia Woolford
Address,	130 Regester St
Remarks,	

...be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

...phy & Co., City Printers and Stationers.

84290

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JAN 11 1886 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6 Dora

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 5 January 1886
4. *Place of Birth, (Street and Number)* 41 Pratt str
5. *Full Name of Mother,* Frideika Hollander
6. *Mother's Maiden Name,* " Korovsky
7. *Mother's Birthplace,* Russia
8. *Full Name of Father,* Eoness Hollander
9. *Father's Occupation,* Tailor
10. *Father's Birthplace,* Russia

Name of Medical Attendant, or other Person who makes this Return. A E Schirman

Address, Albemarle st N 26

Remarks,

...be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

...y & Co., City Printers and Stationers.

RETURN OF A BIRTH

8129

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT, JAN 11 1886 BALTIMORE MD

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) male 2

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) Colord

3. Date of Birth, Jaunry 5 1886

4. Place of Birth, (Street and Number) Parish alley No 4

5. Full Name of Mother, Mollie Simis

6. Mother's Maiden Name, Mollie Conin

7. Mother's Birthplace, Queen ann County

8. Full Name of Father, Jophes Simis

9. Father's Occupation, Waiter

10. Father's Birthplace, Harford County

Name of Medical Attendant, or other Person who makes this Return Eliz Frater

Address, 405 Princess ave

Remarks, very well far as expected

Y PRINTERS AND STATIONERS

RETURN OF A BIRTH. 84292

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recov[illegible] other fines and forfeitures are recoverable.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 8th

1. *Sex*, (state whether male or female) Male
2. *Race or Color*, (if not of the white race) White
3. *Date of Birth* Jan. 5th
4. *Place of Birth*, (Street and Number) 15 Church St
5. *Full Name of Mother*, Laura Moon
6. *Mother's Maiden Name*, Heartlove
7. *Mother's Birthplace*, Baltimore City
8. *Full Name of Father*, Isaac P. Moon
9. *Father's Occupation*, Laborer
10. *Father's Birthplace*, Baltimore City

Name of Medical Attendant, or other Person who makes this Return. Mrs Sallie L. Lewis

Address, 16 Church St City

Remarks,

rphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

8429/3

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (~~state whether male or~~ female)*
2. *Race or Color, (~~if not of the~~ white ~~race~~)*
3. *Date of Birth,* 5 Jan. 1886
4. *Place of Birth, (Street and Number)* 95 S. Broadway
5. *Full Name of Mother,* Mrs. Lily Snodeal
6. *Mother's Maiden Name,* Lily Moore.
7. *Mother's Birthplace,* Va
8. *Full Name of Father,* Geo. Snodeal.
9. *Father's Occupation,* Machinist
10. *Father's Birthplace,* Va

Name of Medical Attendant, or other Person who makes this Return. B. F. Leonard M.D.

Address, 314 E Balt. St.

Remarks,

Reports [illegible] or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

Co., City Printers and Stationers.

RETURN OF A BIRTH

No. 21794

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

HEALTH DEPARTMENT, Received JAN 18 1886 Returned BALTIMORE, MD.

1. *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1st
2. *Sex, (state whether male or female)* Female
3. *Race or Color, (if not of the white race)* White
4. *Date of Birth,* Jan 5, 1886.
5. *Place of Birth, (Street and Number)* 122, N Howard st.
6. *Full Name of Mother,* Pauline J. C. Winterley,
7. *Mother's Maiden Name,* Pauline J C Daudelet.
8. *Mother's Birthplace,* Balto City.
9. *Full Name of Father,* Chas J. Winterley.
10. *Father's Occupation,* ——————
11. *Father's Birthplace,* Illinois

Name of Medical Attendant, or other Person who makes this Return — John D Pennington M.D.

Address, 134 N Carrollton Av

Remarks,

PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

8/295

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Third

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) Colored
3. Date of Birth January 5 1886.
4. Place of Birth, (Street and Number) 22. Clinton Ave.
5. Full Name of Mother, Henrietta Fredrick
6. Mother's Maiden Name, Henrietta Hall
7. Mother's Birthplace, West River Md.
8. Full Name of Father, George Henry Fredrick
9. Father's Occupation, Oyster Shucker.
10. Father's Birthplace, Habit Grass

Name of Medical Attendant, or other Person who makes this Return. Abrilla Brooks

Address, 210 Warner St

Remarks, Doing well

HEALTH DEPARTMENT
JAN 18 1886
BALTIMORE, MD.

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

y & Co., City Printers and Stationers.

84296

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Jan 5th 1886
4. *Place of Birth, (Street and Number)* 50 St Ann st
5. *Full Name of Mother,* Louisa ~~H~~ Steinle
6. *Mother's Maiden Name,* " Baumeister
7. *Mother's Birthplace,* City
8. *Full Name of Father,* Andreas Steinle
9. *Father's Occupation,* Watchman
10. *Father's Birthplace,* City

Name of Medical Attendant, or other Person who makes this Return. Mrs Elizabeth Betz

Address, 120 Bank st

Remarks,

HEALTH DEPARTMENT, FEB 1886 BALTIMORE, MD.

be in attendance upon the mother, immediately thereafter [illegible] the duty of the person [illegible] report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

& Co., City Printers and Stationers.

RETURN OF A BIRTH.

21297

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	5th
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	White
3. Date of Birth	5th January
4. Place of Birth, (Street and Number)	13 Barnes St.
5. Full Name of Mother,	Ernestina Poula
6. Mother's Maiden Name,	" " Rochlitz
7. Mother's Birthplace,	Bohemia
8. Full Name of Father,	Frank Poula
9. Father's Occupation,	Baker
10. Father's Birthplace,	Bohemia
Name of Medical Attendant, or other Person who makes this Return.	Josephine Conrad
Address,	20 Barnes St.
Remarks,	

report its birth to the Commissioner of Health, in the manner and within the period above required, and any
or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars
for each offence to be recovered as other fines and forfeitures are recovered.

hy & Co., City Printers and Stationers.

NOTICE

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Every effort was made to assure legibility and completeness.

RETURN OF A BIRTH

84298

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* January the 5 1856
4. *Place of Birth, (Street and Number)* McHenry st No 47
5. *Full Name of Mother,* Ellen Neary
6. *Mother's Maiden Name,* Ellen ~~Neary~~ Virlue
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* William Neary
9. *Father's Occupation,* Labor
10. *Father's Birthplace,* Prince georges Co Md

Name of Medical Attendant, or other Person who makes this Return. Mrs S Kelley

Address, No 197 Pratt st

Remarks,

HEALTH DEPARTMENT
FEB 2 1886
BALTIMORE, MD.

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

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84299

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2

Sex, (state whether male or female) Male

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth* 5 of January 189

4. *Place of Birth, (Street and Number)* No. 250 Hamburg St

5. *Full Name of Mother,* Lizzie Schafer

6. *Mother's Maiden Name,* Lizzie Yeakel

7. *Mother's Birthplace,* Baltimore

8. *Full Name of Father,* John Schafer

9. *Father's Occupation,* Wurmsche

10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Sabina Gushake

Address, No. 128 West St

Remarks,

HEALTH DEPARTMENT, JAN 6 1886 BALTIMORE, MD.

report its birth to the Commissioner of Health, in the manner and within the period above required, or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

...hy & Co., City Printers and Stationers.

12/300

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
JAN 1886
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race)
3. Date of Birth, Jan. 5, 1886
4. Place of Birth, (Street and Number) 72 Block St.
5. Full Name of Mother, Louisa Hagerty
6. Mother's Maiden Name, Louisa Eckes
7. Mother's Birthplace, Baltimore
8. Full Name of Father, John Hagerty
9. Father's Occupation, Fireman
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Mary L. Swayne

Address, 59 Luzerne St.

Remarks, The child lived nine hours.

within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

PRINTERS AND STATIONERS.

RETURN OF A BIRTH

84301

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

report its birth to the Commissioner of Health, in the manner and within the period above required, and any midwife or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Sex, (state whether male or female)* female

2. *Race or Color, (if not of the white race)* colored

3. *Date of Birth,* Jan 5 1886

4. *Place of Birth, (Street and Number)* 83 durham st

5. *Full Name of Mother,* Mary Jane Workman

6. *Mother's Maiden Name,* Mary Jane Butler

7. *Mother's Birthplace,* Baltimore

8. *Full Name of Father,* Samuel Workman

9. *Father's Occupation,* Labor

10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Susan Morgan

Address, Near North Durham st

Remarks,

HEALTH DEPARTMENT JAN 7 1886 BALTIMORE MD

& Co., City Printers and Stationers.

RETURN OF A BIRTH

82302

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Born Jan 6th 1886

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) a colored
3. Date of Birth, 6th of January 1886
4. Place of Birth, (Street and Number) no 149 Sarah ann St City
5. Full Name of Mother, Eliza Conway
6. Mother's Maiden Name,
7. Mother's Birthplace, Lancaster Co Va
8. Full Name of Father, Lusious Kelly
9. Father's Occupation, farmer
10. Father's Birthplace, Lancaster, Va

Name of Medical Attendant, or other Person who makes this Return. Dr Celestin Cook

Address, 74 Orchard St

Remarks,

HEALTH DEPARTMENT, JAN 27 1886, BALTIMORE

or persons who shall hereafter fail to comply with the provision of this section, shall be subjected to the same fine and penalty for each offense to be recovered as other fines and forfeitures are recoverable.

Co., City Printers and Stationers.

RETURN OF A BIRTH

84303

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
JAN 22 18[illegible]
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* January 6/86
4. *Place of Birth, (Street and Number)* 185 S. Bondstreet
5. *Full Name of Mother,* Lady Scherer
6. *Mother's Maiden Name,* Thierau
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Charles Scherer
9. *Father's Occupation,* Clerk
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs. Louise Kraft.

Address, 142 S. Washington St.

Remarks,

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

William Lawrence May

1. *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 2d
2. *Sex, (state whether male or female)* male
3. *Race or Color, (if not of the white race)* White
4. *Date of Birth,* Jan 6 '16
5. *Place of Birth, (Street and Number)* 9 Hill St
6. *Full Name of Mother,* Maggie May
7. *Mother's Maiden Name,* " Webster
8. *Mother's Birthplace,* New Jersey
9. *Father's Occupation,* Same May upholsterer
10. *Father's Birthplace,* City
11. *Name of Medical Attendant,* or other Person who makes this Return. L. G. Bunch M.D
12. *Address,* 15 Hanover St
13. *Remarks,*

HEALTH DEPARTMENT JAN 23 1916 BALTIMORE MD

or persons who shall hereafter fail to comply with the provisions of this ... for each offense to be recovered as other fines and forfeitures are recoverable.

Co., City Printers and Stationers.

RETURN OF A BIRTH

82/305

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, JAN 25 1886 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth, 6 January
4. Place of Birth, (Street and Number) 106 Low St
5. Full Name of Mother, Louisa Waldau
6. Mother's Maiden Name, " Demuth
7. Mother's Birthplace, Balt Md.
8. Full Name of Father, Frederick Waldau
9. Father's Occupation, Saloon
10. Father's Birthplace, Europe

Name of Medical Attendant, or other Person who makes this Return. Mrs Rosa Ulbig

Address, 48 Holland St

Remarks, Balt. Md

report as birth to the Commissioner of the Health or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

& Co., City Printers and Stationers.

12/306

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	9th
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	Wednesday Jan 6th 86
4. Place of Birth, (Street and Number)	No. 115. Plum Alley
5. Full Name of Mother,	Carolina Schwab
6. Mother's Maiden Name,	Carolina Knickman
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	Frederick Schwab
9. Father's Occupation,	Cooper
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other Person who makes this Return	Bosien
Address,	Scharp Avit 255
Remarks,	

duty of the person or persons [illegible] within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

Y PRINTERS AND STATIONERS.

RETURN OF A BIRTH

2307

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex, (state whether male or female)* Male

2. *Race or Color, (if not of the white race)* Black

3. *Date of Birth,* June 6 1885

4. *Place of Birth, (Street and Number)* Maternite 161 W Lombard St

5. *Full Name of Mother,* Betty Tibbs

6. *Mother's Maiden Name,* Do.

7. *Mother's Birthplace,* Md

8. *Full Name of Father,* —

9. *Father's Occupation,* —

10. *Father's Birthplace,* —

Name of Medical Attendant, or other Person who makes this Return. William S. Sandrew M.D.

Address, Maternite

Remarks, Illegitimate.

HEALTH DEPARTMENT, FEB 5 1886 BALTIMORE

...y & Co., City Printers and Stationers.

RETURN OF A BIRTH.

84308

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4 th
1. *Sex, (state whether male or female)*	Male.
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth*	January 6. 1886.
4. *Place of Birth, (Street and Number)*	No 115 Saratoga st.
5. *Full Name of Mother,*	Mary Volz,
6. *Mother's Maiden Name,*	nee Fricker.
7. *Mother's Birthplace,*	Henfeld Beiern.
8. *Full Name of Father,*	Michl Volz.
9. *Father's Occupation,*	Clerk,
10. *Father's Birthplace,*	Baltimore Md.
Name of Medical Attendant, or other Person who makes this Return.	Anna. Lindner.
Address,	No 45 S. Monroe st.
Remarks,	

HEALTH DEPARTMENT FEB 1886 BALTIMORE MD

for each offence to be recovered as other fines and forfeitures are recoverable.

& Co., City Printers and Stationers.

RETURN OF A BIRTH

84309

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, FEB 1886 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, Jan 6th 1886
4. Place of Birth, (Street and Number) Fort St
5. Full Name of Mother, Laura Rebecca Parks
6. Mother's Maiden Name, Parkinson
7. Mother's Birthplace, Deals Island
8. Full Name of Father, Thomas Parks
9. Father's Occupation, Waterman
10. Father's Birthplace, Deals Island

Name of Medical Attendant, or other Person who makes this Return. Elizabeth Yewell

Address, 68 Fort Ave

Remarks,

be in attendance upon the mother, immediately thereafter it shall become the duty of the person of parents or other [illegible] report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

& Co., City Printers and Stationers.

RETURN OF A BIRTH.

84310

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
FEB. 1886
BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Second.

1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race) White.
3. Date of Birth January 6, 1886.
4. Place of Birth, (Street and Number) No. 85 Point Lane
5. Full Name of Mother, Mariam Edwards.
6. Mother's Maiden Name, Mariam Wiley.
7. Mother's Birthplace, Baltimore.
8. Full Name of Father, William A. Edwards.
9. Father's Occupation, Expressman
10. Father's Birthplace, Maryland

Name of Medical Attendant, or other Person who makes this Return. Aug. A. Elwell M.D.

Address, 532 Harford avenue

Remarks,

report its birth to the Commissioner of Health, in the manner and ... or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

...hy & Co., City Printers and Stationers.

RETURN OF A BIRTH

84311

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
FEB 1 1886
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* Jan 6th 1886
4. *Place of Birth, (Street and Number)* 38 Pine St
5. *Full Name of Mother,* Annie Bennerd
6. *Mother's Maiden Name,* Annie Kraft
7. *Mother's Birthplace,* Balto md
8. *Full Name of Father,* Wm Bennerd
9. *Father's Occupation,* Butcher
10. *Father's Birthplace,* Balto md

Name of Medical Attendant, or other Person who makes this Return. Mrs A Mesenthal

Address, 398 Penna ave

Remarks,

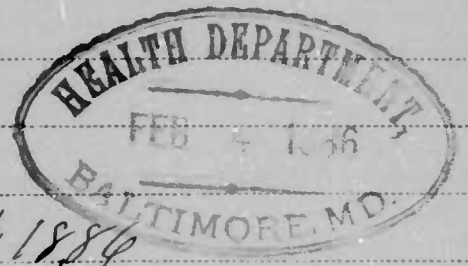
report its birth to the Commissioner of Health, in the manner and within the period above required, and any [illegible] or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

84312

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, FEB 4 1886 BALTIMORE, MD.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* January 6th 1886
4. *Place of Birth, (Street and Number)* Baltimore City 136 Ridgley St
5. *Full Name of Mother,* Sarah E. Woodall
6. *Mother's Maiden Name,* Sarah E. Jackson
7. *Mother's Birthplace,* Baltimore City
8. *Full Name of Father,* George W. Woodall
9. *Father's Occupation,* Boxmaker
10. *Father's Birthplace,* Baltimore City

Name of Medical Attendant, or other Person who makes this Return. Miss M. Shaffer

Address, No 37 ~~Sassafty~~ Sasfras

Remarks,

Report its birth to the Commissioner of Health, in accordance with the provisions of this section, shall be subjected to the fine of ten (10) dollars or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

Co., City Printers and Stationers.

84313

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, ~~2d, 3d,~~ &c.)

1. *Sex, (state whether male ~~or female~~)*
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 6 January
4. *Place of Birth, (Street and Number)* No 4 Bevan St.
5. *Full Name of Mother,* Lizzie Granzer
6. *Mother's Maiden Name,* Miller
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* William Grenzer
9. *Father's Occupation,* Cutter
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs Munch

Address, No 1 Leadenhall St.

Remarks,

HEALTH DEPARTMENT
BALTIMORE, MD.

report its birth to the Commissioner of Health, in the manner and [illegible] or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

Co., City Printers and Stationers.

RETURN OF A BIRTH.

84314

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Postpaid

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth Jany 6th 1886 9.30 P.M
4. Place of Birth, (Street and Number) 816 W Baltimore St
5. Full Name of Mother, Mary Kaufman
6. Mother's Maiden Name, Mary McConville
7. Mother's Birthplace, England
8. Full Name of Father, Christian Kaufman
9. Father's Occupation, Restaurant Keeper
10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return. J. H. Sutton M.D.

Address, 10

Remarks,

HEALTH DEPARTMENT JAN 9 1886

be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons in such case, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

...rphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

84315

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
JAN 11 1899
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) .....

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* Jan 6
4. *Place of Birth, (Street and Number)* Baltimore Stree peach alley 8
5. *Full Name of Mother,* Emma hall
6. *Mother's Maiden Name.* Emma Campher
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* John hall
9. *Father's Occupation,* Porter
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Annie Wilson

Address, Sarah Campher

Remarks, John Campher

be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

y & Co., City Printers and Stationers.

RETURN OF A BIRTH

84316

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, JAN 15 1886 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) fourth

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Jan 6 1886
4. *Place of Birth, (Street and Number)* Baltimore 5 Telma place
5. *Full Name of Mother,* Agnes Rippelmeyer
6. *Mother's Maiden Name,* Agnes Pinney
7. *Mother's Birthplace,* Old Missouri (good too place)
8. *Full Name of Father,* Albert Rippelmeyer
9. *Father's Occupation,* Commercial Traveler
10. *Father's Birthplace,* Maryland

Name of Medical Attendant, or other Person who makes this Return. Susan Slanter

Address, 21 N. Poppelton St

Remarks, I think all those remarks are unnecessary

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH,

87/317

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT, JAN 19 1886 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) January. 6

1. *Sex (state whether male or female)* Female.
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth* January the 6.
4. *Place of Birth, (Street and Number)* Durham st 54.
5. *Full Name of Mother* Henrietter. Moore.
6. *Mother's Maiden Name* Henrietto Pingelton
7. *Mother's Birthplace* Eastern Shore
8. *Full Name of Futher* Daniel T. Moor
9. *Father's Occupation* Driver
10. *Father's Birthplace* Saint Michals

Name of Medical Attendant, or other Person who makes this Return. Anni Camphor

Address 9 Mmon street near eden

Remarks Child and Mother in good Health

RETURN OF A BIRTH

24318

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Jan. 6th 18[illegible]
4. *Place of Birth, (Street and Number)* 185 S. Caro[illegible]
5. *Full Name of Mother,* Margret Frosburg.
6. *Mother's Maiden Name,* Raeder
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Charlie Frosburg
9. *Father's Occupation,* House Carpenter
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return. Dr Hannah Knowles

Address, 144 S. Bond St

Remarks,

HEALTH DEPARTMENT
JAN 19 1886
BALTIMORE, MD

y & Co., City Printers and Stationers.

RETURN OF A BIRTH

84219

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Jan 1, 1886
4. *Place of Birth, (Street and Number)* 702 Saratoga st
5. *Full Name of Mother,* Emma Ziegler
6. *Mother's Maiden Name,* Emma Aler
7. *Mother's Birthplace,* Laurel Princes George Co, Md,
8. *Full Name of Father,* Joseph J. Ziegler
9. *Father's Occupation,* Black Smith
10. *Father's Birthplace,* Baltimore. M.D

Name of Medical Attendant, or other Person who makes this Return. Susan Hunter

Address, 21 No Poppelton St

Remarks,

HEALTH DEPARTMENT JAN 7 1886 BALTIMORE MD

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

& Co., City Printers and Stationers.

RETURN OF A BIRTH

B/340

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall neglect or fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th Child

1. *Sex, (state whether male or female)* Boy.
2. *Race or Color, (if not of the white race)* White.
3. *Date of Birth,* 6th of January 1856
4. *Place of Birth, (Street and Number)* 18 Mazer street
5. *Full Name of Mother,* Annie Schonate.
6. *Mother's Maiden Name,* Annie Wain.
7. *Mother's Birthplace,* Baltimore.
8. *Full Name of Father,* John Wain.
9. *Father's Occupation,* Laborman
10. *Father's Birthplace,* Baltimore.

Name of Medical Attendant, or other Person who makes this Return. Crescintia Kunkel

Address, 71 North Chapel st. per Justina Kunkel

Remarks, Healthy.

HEALTH DEPARTMENT
JAN
BALTIMORE MD

phy & Co., City Printers and Stationers.

84321

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth 6 of January 1885
4. Place of Birth, (Street and Number) 33 Eager St
5. Full Name of Mother, Annie O'Haara
6. Mother's Maiden Name, Annie Schlee Sheeler
7. Mother's Birthplace, Baltimore County
8. Full Name of Father, Patrick O'Hara
9. Father's Occupation, Labor
10. Father's Birthplace, Ireland

Name of Medical Attendant, or other Person who makes this Return. Mrs Christina Sauer

Address, 173 Harford Ave

Remarks, 1885.

HEALTH DEPARTMENT JAN BALTIMORE, MD.

birth of any child shall occur without the attendance of a Physician or practitioner of [illegible] be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be re[illegible]d as other fines and forfeitures are recoverable.

Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

81/322

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) ~~1st~~ ~~2d~~ 8th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Jan. 7th 86
4. *Place of Birth, (Street and Number)* #395 W. Pratt St.
5. *Full Name of Mother,* Charlotte Gagenheimer
6. *Mother's Maiden Name,* " Heckel
7. *Mother's Birthplace,* Prussia
8. *Full Name of Father,* Christ. Gagenheimer
9. *Father's Occupation,* Painter
10. *Father's Birthplace,* Prussia

Name of Medical Attendant, or other Person who makes this Return. Mary Kroh

Address, #328 S. Eutaw St.

Remarks,

HEALTH DEPARTMENT, JAN 20 1886 BALTIMORE, MD.

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

84326

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third Child.

1. *Sex, (state whether male or female)* Female.
2. *Race or Color, (if not of the white race)* White.
3. *Date of Birth,* Born January 4, 1886.
4. *Place of Birth, (Street and Number)* No 36. S Carrollton av
5. *Full Name of Mother,* Elizziebetha Walther.
6. *Mother's Maiden Name,* Elizziebetha Baer.
7. *Mother's Birthplace,* Baltimore City
8. *Full Name of Father,* George Walther.
9. *Father's Occupation,* Bakery.
10. *Father's Birthplace,* Germany.

Name of Medical Attendant, or other Person who makes this Return. Mrs Anna Hunter

Address, 60 North Schroeder

Remarks,

HEALTH DEPARTMENT JAN 20 1886 BALTIMORE

... report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

... & Co., City Printers and Stationers.

RETURN OF A BIRTH

24324

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, JAN 22 1886 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* January 7/86
4. *Place of Birth, (Street and Number)* 153 S. Washington St.
5. *Full Name of Mother,* Fanny Nelson
6. *Mother's Maiden Name,* Schwabe
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Peter Nelson
9. *Father's Occupation,* Captain
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs. Louise Kraft

Address, 142 S. Washington St.

Remarks,

be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

by & Co., City Printers and Stationers.

RETURN OF A BIRTH

84325

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
JAN 22 1885
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, &c.)	3
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	January 7/85
4. *Place of Birth, (Street and Number)*	246 Canton Ave
5. *Full Name of Mother,*	Susie Maier
6. *Mother's Maiden Name,*	Köhler
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	August Maier
9. *Father's Occupation,*	Clerk
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Mrs. Louise Kraft.
Address,	142 S. Washington St.
Remarks,	

Report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

& Co., City Printers and Stationers.

NOTICE

The succeeding document was received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

RETURN OF A BIRTH

84326

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Jan 7th 1886
4. *Place of Birth, (Street and Number)* ~~Cab~~ Chase & Aisquith Sts
5. *Full Name of Mother,* Mary Fahrsting
6. *Mother's Maiden Name,* Kearns
7. *Mother's Birthplace,* Balto Md
8. *Full Name of Father,* John Fahrsting
9. *Father's Occupation,* Machinist
10. *Father's Birthplace,* Balto Md

Name of Medical Attendant, or other Person who makes this Return. M. B. Billingslea Mr.

Address, 228 E. Preston St

Remarks,

HEALTH DEPARTMENT JAN 23 1886 BALTIMORE

be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

hy & Co., City Printers and Stationers.

RETURN OF A BIRTH.

84327

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th Child

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* Collard
3. *Date of Birth* Jun 7. 1886
4. *Place of Birth, (Street and Number)* Balto City 21 Lambert St
5. *Full Name of Mother,* Rachel A Thompson
6. *Mother's Maiden Name,* Rachel A Green
7. *Mother's Birthplace,* Balto City
8. *Full Name of Father,* Oliver H Thompson
9. *Father's Occupation,* Driver
10. *Father's Birthplace,* Corral County

Name of Medical Attendant, or other Person who makes this Return. Annie Johnson

Address, 94 Tyson st

Remarks,

HEALTH DEPARTMENT, JAN 25 1886 BALTIMORE MD.

be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

phy & Co., City Printers and Stationers.

January th 9 1886

RETURN OF A BIRTH. 84328

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

~~December th 9 1886~~

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	10
1. Sex, (state whether male or female)	
2. Race or Color, (if not of the white race)	White
3. Date of Birth	January th 1
4. Place of Birth, (Street and Number)	Heath St No 8
5. Full Name of Mother,	Lucy Hyson
6. Mother's Maiden Name,	Lucy Berry
7. Mother's Birthplace,	Richmond
8. Full Name of Father,	Albert Hyson
9. Father's Occupation,	Molder
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Mrs M R Casky
Address,	Heath St No 16
Remarks,	Doing well

HEALTH DEPARTMENT, BALTIMORE, MD.

...birth of any child shall be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

...urphy & Co., City Printers and Stationers.

84329

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 7th of Jan
4. *Place of Birth, (Street and Number)* 124 South Chester St.
5. *Full Name of Mother,* Mary Tierney
6. *Mother's Maiden Name,* Mary Martin
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Patrick Tierney
9. *Father's Occupation,* Labor.
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs E Fray

Address, 193 S. Chester St

Remarks, Healthy Child.

HEALTH DEPARTMENT, JAN 12 1886 BALTIMORE, MD.

be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

A Co. City Printers and Stationers

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84330

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
JAN 12 18[illegible]
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	7th Child
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	7th Jan 86
4. Place of Birth, (Street and Number)	Balto City Dover, No 50
5. Full Name of Mother,	Ann H. Doyle
6. Mother's Maiden Name,	Ann H. Creager
7. Mother's Birthplace,	Balto County Md
8. Full Name of Father,	Gerald Doyle
9. Father's Occupation,	Fire Man
10. Father's Birthplace,	Ireland, Co Wexford
Name of Medical Attendant, or other Person who makes this Return	Charity Jones
Address,	No 79 Hardgrove Ave
Remarks,	

LANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

82331

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)*

3. *Date of Birth,* 7th January 1886

4. *Place of Birth, (Street and Number)* 13 Jackson St

5. *Full Name of Mother,* Annie Weber

6. *Mother's Maiden Name,* Dittrich

7. *Mother's Birthplace,* Balt.

8. *Full Name of Father,* Ferdinand Weber

9. *Father's Occupation,* Cigar maker

10. *Father's Birthplace,* Balt.

Name of Medical Attendant, or other Person who makes this Return. H. W. Lockard

Address, 101 Barnes St

Remarks,

HEALTH DEPARTMENT JAN 13 1886 BALTIMORE, MD.

hy & Co., City Printers and Stationers.

RETURN OF A BIRTH,

Over 84332

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

Name: John William Sommerwerck

No. of Child of Mother (state whether ~~1st, 2d~~, 3d, &c.) _____

1. *Sex (state whether male ~~or female~~)* _____
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* January 7th 1886.
4. *Place of Birth, (Street and Number)* 219 S. Broadway
5. *Full Name of Mother* Mary Sommerwerck
6. *Mother's Maiden Name* Mary Dimmling
7. *Mother's Birthplace* Baltimore City Md.
8. *Full Name of Father* Rudolph G. A. Sommerwerck
9. *Father's Occupation* Grocer
10. *Father's Birthplace* Minden City Germany

Name of Medical Attendant, or other Person who makes this Return. Nicholas L. Dashiell

Address 207 S. Broadway

Remarks _____

HEALTH DEPARTMENT JAN 11 1886 BALTIMORE, MD.

name of the mother of such child or children.

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82/333

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* January 7th 1886
4. *Place of Birth, (Street and Number)* 46 Argyle
5. *Full Name of Mother,* Mary Trainer
6. *Mother's Maiden Name,* Mary Cheer
7. *Mother's Birthplace,* Baltimore City Md.
8. *Full Name of Father,* Frank Trainer
9. *Father's Occupation,* Merchant
10. *Father's Birthplace,* Baltimore City Md.

Name of Medical Attendant, or other Person who makes this Return. Z. R. Wiley M.D.

Address, 195 W. Lombard Street

Remarks,

HEALTH DEPARTMENT, APR 7 1886 BALTIMORE, MD.

birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

...y & Co., City Printers and Stationers.

RETURN OF A BIRTH

24334

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
JAN 11 1886
BALTIMORE, MD.

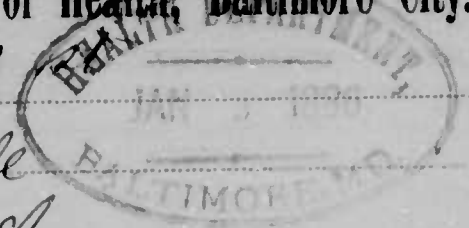
No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1
1. Sex, (state whether male or female)	Male.
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	Jany 7th 1886.
4. Place of Birth, (Street and Number)	168 Johnson St
5. Full Name of Mother,	Eliz. C. Johnson
6. Mother's Maiden Name,	Murphy
7. Mother's Birthplace,	Balto
8. Full Name of Father,	Ormond Mc Abee
9. Father's Occupation,	Fireman
10. Father's Birthplace,	Md
Name of Medical Attendant, or other Person who makes this Return.	Thomas Opie M.D.
Address,	179 N. Howard St
Remarks,	

...IET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH.

8/4335

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.



No. of Child of Mother (*state whether 1st, 2d, 3d, &c.*)	1
1. *Sex*, (*state whether male or female*)	Female
2. *Race or Color*, (*if not of the white race*)	Colored
3. *Date of Birth*	Jan 7th 1886.
4. *Place of Birth*, (*Street and Number*)	178 Tyson street
5. *Full Name of Mother*,	Rebecca Dinger
6. *Mother's Maiden Name*,	
7. *Mother's Birthplace*,	Balto Md
8. *Full Name of Father*,	Abraham Hallman
9. *Father's Occupation*,	Carriage Driver
10. *Father's Birthplace*,	Balto Md
Name of Medical Attendant, or other Person who makes this Return.	Hester Molonee
Address,	39 E. Monument street
Remarks,	

Birth of any such child hereafter it shall become the duty of the person or parents of such child, to be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

Murphy & Co., City Printers and Stationers.

84336

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT, JAN 9 1886 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. *Sex (state whether Male or Female)* male
2. *Race or Color (if not of the white race)* white
3. *Date of Birth* Jan. 7th 1886
4. *Place of Birth (Street and Number)* 39 Fawn st
5. *Full Name of Mother* Maggie O'Hailey
6. *Mother's Maiden Name* " Connelly
7. *Mother's Birthplace* Balto. City
8. *Full Name of Father* Patrick F. O'Hailey
9. *Father's Occupation* Yard Master P. R. R.
10. *Father's Birthplace* Balto. City

Name of Medical Attendant, or other Person who makes this return P. G. Dausch

Address 325 E. Balto. st

Remarks

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH. 84337

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
JAN 11 1886
BALTIMORE MD

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* January 7th 1886
4. *Place of Birth, (Street and Number)*
5. *Full Name of Mother,* Rebcca Goldstein
6. *Mother's Maiden Name,* Rebcca Goldman
7. *Mother's Birthplace,* Russia
8. *Full Name of Father,* Jacob Goldstein
9. *Father's Occupation,* Iprater
10. *Father's Birthplace,* Russia

Name of Medical Attendant, or other Person who makes this Return. Miss Joseph Levi A

Address, No 46. Caroline Street

Remarks, TWIN #1 SEE A84343
TWIN #2

Penalty of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH

81238

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
JAN 11 1886
BALTIMORE MD

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	Colored
3. *Date of Birth,*	Jan 7 1886
4. *Place of Birth, (Street and Number)*	No 7 Stockton alley
5. *Full Name of Mother,*	Beccie Hanson
6. *Mother's Maiden Name,*	Beccie Braxton
7. *Mother's Birthplace,*	Balto city
8. *Full Name of Father,*	John Braxton
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	Balto city
Name of Medical Attendant, or other Person who makes this Return.	Edward Porter
Address,	10 Carlton st
Remarks,	Project

certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall h[illegible] fail to comply with the provisions of this section, shall be [illegible]ted to the fine of ten (10) dollars for each offence to be [illegible]ed as other fines and forfeitures are recoverable.

rphy & Co., City Printers and Stationers.

RETURN OF A BIRTH.

84339

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	ninth
1. *Sex, (state whether male or female)*	Male.
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth*	January 7 1886.
4. *Place of Birth, (Street and Number)*	No. 56 Fulton st.
5. *Full Name of Mother,*	Mary Rosendale.
6. *Mother's Maiden Name,*	" " Rosener.
7. *Mother's Birthplace,*	Baltimore Md.
8. *Full Name of Father,*	Capt. Rosendale.
9. *Father's Occupation,*	Turnther.
10. *Father's Birthplace,*	Baltimore Md.
Name of Medical Attendant, or other Person who makes this Return.	Annie Lintner.
Address,	No. 45 S. Monroe st.
Remarks,	

HEALTH DEPARTMENT FEB 86 BALTIMORE MD

rphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

84340

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. *Sex, (state whether male or female)* Male

2. *Race or Color, (if not of the white race)*

3. *Date of Birth,* Jan 7th 1886

4. *Place of Birth, (Street and Number)* 36 Lancaster st

5. *Full Name of Mother,* Johanna Kaun

6. *Mother's Maiden Name,* " Helling

7. *Mother's Birthplace,* Germany

8. *Full Name of Father,* August Kaun

9. *Father's Occupation,* Driver

10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return, Mrs Elizabeth Betz

Address, 120 Bank st.

Remarks,

HEALTH DEPART

hy & Co., City Printers and Stationers.

RETURN OF A BIRTH.

84341

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

HEALTH DEPARTMENT
FEB 2 1886
BALTIMORE MD

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Second

1. *Sex*, (state whether male or female) Male
2. *Race or Color*, (if not of the white race)
3. *Date of Birth* January 6 1886
4. *Place of Birth*, (Street and Number) 301 McHenry
5. *Full Name of Mother*, Anna E Forrester
6. *Mother's Maiden Name*, Heisse
7. *Mother's Birthplace*, Baltimore Md
8. *Full Name of Father*, Chas. H Forrester
9. *Father's Occupation*, Cane Maker
10. *Father's Birthplace*, Baltimore Md

Name of Medical Attendant, or other Person who makes this Return. Mary A Allwell

Address, 286 N. Donogh st

Remarks, —

Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

84342

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 birth.

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* 7 Januar
4. *Place of Birth, (Street and Number)* Tyer St. No 252
5. *Full Name of Mother,* Anna Has
6. *Mother's Maiden Name,* " " Seegrist.
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Franz Has
9. *Father's Occupation,*
10. *Father's Birthplace,* Waterbach. Baiern. German

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks, M. S. Maurer

Centr. Market Space No 15.

HEALTH DEPARTMENT FEB 20 1886 BALTIMORE, MD.

Birth of any child shall be [illegible] be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

82434 3

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth January 7th 1886
4. Place of Birth, (Street and Number)
5. Full Name of Mother, Rebcca Goldstein
6. Mother's Maiden Name, Rebcca Goldman
7. Mother's Birthplace, Russia
8. Full Name of Father, Jacob Goldstein
9. Father's Occupation, Ap. oprater
10. Father's Birthplace, Russia

Name of Medical Attendant, or other Person who makes this Return. Miss Joseph Levi

Address, No 46. Caroline Street

Remarks,

TWIN #2

TWIN #1 SEE A84337

be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

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born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

843414

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether Male or Female)* Male.
2. *Race or Color (if not of the white race)* White.
3. *Date of Birth* 7th Jan 1884
4. *Place of Birth (Street and Number)* 237. E. Lombard St
5. *Full Name of Mother* Lucy Lantz.
6. *Mother's Maiden Name* Lucy Lantz.
7. *Mother's Birthplace* 27 E. Pratt St Balto City
8. *Full Name of Father* Chas. T. Lantz.
9. *Father's Occupation* Printer.
10. *Father's Birthplace* 237. E. Lombard St Balto City

Name of Medical Attendant, or other Person who makes this Return. W. H. Cockrill, M.D.

Address 123. S. Broadway.

Remarks

84345

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* W.
3. *Date of Birth* Jany. 7 1886
4. *Place of Birth, (Street and Number)* N. E. Cor. Collington Av. and Bank
5. *Full Name of Mother,* Jennie E. Lunan
6. *Mother's Maiden Name,* " " Brooks
7. *Mother's Birthplace,* D. C.
8. *Full Name of Father,* Alvin S. Lunan
9. *Father's Occupation,* Clerk
10. *Father's Birthplace,* D. C.

Name of Medical Attendant, or other Person who makes this Return. Geo. L. Austin

Address, 775 S. Broadway.

Remarks,

HEALTH DEPARTMENT, JAN 16 1886 BALTIMORE, MD.

...be in attendance upon the mother, immediately thereafter, to shall within the period above required, and any such person report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH

84516.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, January 7 ~~No 6 Ramsay St~~ 1888

4. Place of Birth, (Street and Number) Balto No 6 Ramsay St

5. Full Name of Mother, Margaret Shanks

6. Mother's Maiden Name, Margaret ~~Ann~~ Roach

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Martin J Shanks

9. Father's Occupation, Conductor on the Cars

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. Susan Hunter

Address, 21 N Poppleton St

Remarks,

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH. 24347

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
JAN
BALTIMORE MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth 7 of January 1885
4. Place of Birth, (Street and Number) 62 Harford Ave
5. Full Name of Mother, Maggie Gately
6. Mother's Maiden Name, Maggie Acanter
7. Mother's Birthplace, Baltimore
8. Full Name of Father, John Gately
9. Father's Occupation, Coach painter
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mere Christina Sauer

Address, 173 Harford Ave

Remarks, 1885

Birth of any child born of such mother, immediately thereafter it shall become the duty of the person or parents of such child, to be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

24348

HEALTH DEPARTMENT
JAN 8 1886
BALTIMORE MD.

No. of Child of Mother, (~~state whether~~ 1st, ~~2d, 3d, &c.~~) .....

1. Sex, (~~state whether male or~~ female) .....

2. Race or Color, (~~if not of the~~ white race) .....

3. Date of Birth, June 7th 1886.

4. Place of Birth, (Street and Number) 311 N Bayette st.

5. Full Name of Mother, Carrie F. Legg.

6. Mother's Maiden Name, Carrie F. Johannes.

7. Mother's Birthplace, Baltimore City, Md.

8. Full Name of Father, Paul A. Legg

9. Father's Occupation, Brush

10. Father's Birthplace, Baltimore City Md.

Name of Medical Attendant, or other Person who makes this Return. John L. Ryan, M.D.

Address, 273. Lexington st.

Remarks, ...

.....

.....

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RETURN OF A BIRTH.

84399
84349.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth* Jan. 8th 1886
4. *Place of Birth, (Street and Number)* 70½ Harrison st.
5. *Full Name of Mother,* Rosa Buttick
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Russia
8. *Full Name of Father,* Joseph Buttick
9. *Father's Occupation,* Tailor
10. *Father's Birthplace,* Russia

Name of Medical Attendant, or other Person who makes this Return. Mrs. C. Bernstein

Address, 49 S. Exeter st.

Remarks,

be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

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NOTICE

The succeeding documents were received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

84350

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
JAN 21 1886
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Second
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	January 8th 1886
4. *Place of Birth, (Street and Number)*	226 Canton Avenue
5. *Full Name of Mother,*	Mrs Menia Raessle
6. *Mother's Maiden Name,*	Menia Meister
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Edward Raessle
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Mrs R. A. Garrett
Address,	No 65 Burke St.
Remarks,	

be in attendance upon the mother, [illegible] within the period above required, and any such person report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

& Co., City Printers and Stationers.

RETURN OF A BIRTH

81/351

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, JAN 27 1886 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second Child

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Collord
3. *Date of Birth,* January 8 1886 ~~Baltimore January Huffman st~~
4. *Place of Birth, (Street and Number)* Baltimore 289 Huffman st
5. *Full Name of Mother,* Mrs Alfred A Rohoble
6. *Mother's Maiden Name,* Miss Henerietta Gray
7. *Mother's Birthplace,* Baltimore M D
8. *Full Name of Father,* Alfred A Rohoble
9. *Father's Occupation,* Private Messringer
10. *Father's Birthplace,* St Thomas W S

Name of Medical Attendant, or other Person who makes this Return. Celestial Cook

Address, 74 orchard street Baltimore M D

Remarks, Mrs Cook has prefas her duty faithfull and satisfactory to us

birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

82352

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
JAN 12 18
BALTIMORE, MD

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth January 8th 1886
4. Place of Birth, (Street and Number) No 173 William st
5. Full Name of Mother, Julia B Clare
6. Mother's Maiden Name, Julia Mattingley
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Jerry B Clare
9. Father's Occupation, Police Officer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. Catherine Horning

Address, No 18 Byrd st

Remarks,

The Attendant upon the [illegible], in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

rphy & Co., City Printers and Stationers.

RETURN OF A BIRTH.

B/353

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1886 Jan 8

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) white
3. Date of Birth 1886 Jan 8
4. Place of Birth, (Street and Number) Tiles Street 9th
5. Full Name of Mother, Lena
6. Mother's Maiden Name, Lipkes
7. Mother's Birthplace, Korne Germany
8. Full Name of Father, Moses Kirsch
9. Father's Occupation, Peddler
10. Father's Birthplace, Korne Germ

Name of Medical Attendant, or other Person who makes this Return. Berkie Gustavus

Address, Caroline St No 46

Remarks,

HEALTH DEPARTMENT
JAN 12 1886
BALTIMORE MD

be in attendance upon the mother, immediately thereafter it shall become the duty of the person present at the birth, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH

24354

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
JAN 13 1886
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, Jan. 8th 1886
4. Place of Birth, (Street and Number) No 10, Bowers Court
5. Full Name of Mother, Maggie King
6. Mother's Maiden Name, " Nolen
7. Mother's Birthplace, W. Virginia
8. Full Name of Father, John King
9. Father's Occupation, Laborer
10. Father's Birthplace, Eastern Shore Md

Name of Medical Attendant, or other Person who makes this Return. Charlotte Proctor Mid-wife

Address, No 10 Carlton St

Remarks,

be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

y & Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
JAN 11 1886
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	third
1. *Sex, (state whether male or female)*	female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Jan. 8th
4. *Place of Birth, (Street and Number)*	No 64 Baker Street
5. *Full Name of Mother,*	Fannie Bushman
6. *Mother's Maiden Name,*	Fannie Gibson
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Oliver Bushman
9. *Father's Occupation,*	Plumber and gasfitter
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other Person who makes this Return,	Mrs Donley.
Address,	No 18 Walsh. street
Remarks,	none

T, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH.

82356

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Second

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) Wh.

3. Date of Birth January 8th 86

4. Place of Birth, (Street and Number) 25 Barnes St.

5. Full Name of Mother, Kate Sulc

6. Mother's Maiden Name, " " Mika

7. Mother's Birthplace, Bohemia

8. Full Name of Father, Vaclav Sulc

9. Father's Occupation, Tailor

10. Father's Birthplace, Bohemia

Name of Medical Attendant, or other Person who makes this Return. Josephine Conrad

Address, 20 Barnes St

Remarks,

HEALTH DEPART

be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

urphy & Co., City Printers and Stationers.

RETURN OF A BIRTH.

84357

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth January 8. 1886

4. Place of Birth, (Street and Number) 214 Preston St

5. Full Name of Mother, Sophia E Belcher

6. Mother's Maiden Name, Beard Linwood

7. Mother's Birthplace, Virginia

8. Full Name of Father, Howard G Belcher

9. Father's Occupation, Printer

10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other Person who makes this Return. Mary E Allwell

Address, 286 N Donagh st

Remarks,

HEALTH DEPARTMENT
FEB 2 1886
BALTIMORE

be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

rphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

82/358

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* January 8th 1886
4. *Place of Birth, (Street and Number)* 94 York St.
5. *Full Name of Mother,* Kate Conly
6. *Mother's Maiden Name,* " Kelly
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* John Conly
9. *Father's Occupation,* Engineer
10. *Father's Birthplace,* Ireland

Name of Medical Attendant, or other Person who makes this Return. Theodore Cooke M.D.

Address, 146 Hanover St. per 2 B

Remarks,

HEALTH DEPARTMENT, JAN 11 1886 BALTIMORE, MD.

certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall [illegible] after fail to comply with the provisions of this section, shall be [illegible]ected to the fine of ten (10) dollars for each offense to b[illegible]vered as other fines and forfeitures are recoverable.

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The succeeding document was received in the same condition and microfilmed as shown.

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RETURN OF A BIRTH.

84319

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JAN 11 1898 BALTIMORE MD

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex,* (state whether male or female) Female
2. *Race or Color,* (if not of the white race) White
3. *Date of Birth* No 166 E Bond st Jan 8th
4. *Place of Birth,* (Street and Number) No 166 E. Bond st
5. *Full Name of Mother,* Mrs Annie Margistine
6. *Mother's Maiden Name,* " " Engelstin
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Friedrich Margistine
9. *Father's Occupation,* Carpenter
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs Goetze

Address, No 166 E. Bond st

Remarks,

be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

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84360

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) second

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth* Jan. 8, 1886
4. *Place of Birth, (Street and Number)* 206 Hoffman street
5. *Full Name of Mother,* Hattie Carles
6. *Mother's Maiden Name,* Hattie Chamberlain
7. *Mother's Birthplace,* Talbot County
8. *Full Name of Father,* William F. Earl
9. *Father's Occupation,* Waiter
10. *Father's Birthplace,* Baltimore M D

Name of Medical Attendant, or other Person who makes this Return. Annie Johnson 9 & Tyson street

Address,

Remarks,

HEALTH DEPARTMENT JAN 11 1886 BALTIMORE MD.

...phy & Co., City Printers and Stationers.

...be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

82361

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
JAN 13 1886
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Sixth Child

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, January 8th 1886
4. Place of Birth, (Street and Number) No 15 North Arlington Ave
5. Full Name of Mother, Elizabethe McCarthy
6. Mother's Maiden Name, Elizabethe McGovern
7. Mother's Birthplace, Baltimore City Md
8. Full Name of Father, Daniel McCarthy
9. Father's Occupation, Forge Man
10. Father's Birthplace, Canada

Name of Medical Attendant, or other Person who makes this Return. Susan Hunter

Address, 21 N Poppleton St

Remarks,

be in attendance upon the mother, immediately thereafter it shall become the duty of the person of parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

y & Co., City Printers and Stationers.

84362

RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT, JAN 14 1886 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth Jan 8th 1886
4. Place of Birth, (Street and Number) Balt Md. 10 Barney St
5. Full Name of Mother Johanna Stuckley
6. Mother's Maiden Name Johanna White
7. Mother's Birthplace Balt Md
8. Full Name of Father Benjamin Stuckley
9. Father's Occupation Plummer
10. Father's Birthplace Caroline County Md.

Name of Medical Attendant, or other Person who makes this Return. Elizabeth Donaldson Midwife

Address Dr Cox of Birds & Heath St

Remarks Mother & Child doing well

Name of the mother of such child or children.

RETURN OF A BIRTH

8436

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, JAN 19 1886 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 3rd

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, January the 8. 1886
4. Place of Birth, (Street and Number) Baltimore Collington avenue 122
5. Full Name of Mother, Alice Jane Pitchett
6. Mother's Maiden Name, Alice Wingate
7. Mother's Birthplace, Woodland town Dorchester Co Md
8. Full Name of Father, George M Pitchett
9. Father's Occupation, ~~Ex~~ Commission merchant
10. Father's Birthplace, Woodlandtown dorchester Co Md

Name of Medical Attendant, or other Person who makes this Return, Mrs Hannah Knowles

Address, 144 ~~S Howard~~ S Bond St

Remarks,

& Co., City Printers and Stationers.

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84364

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, JAN 19 1886 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* F
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* J 8
4. *Place of Birth, (Street and Number)* No 72
5. *Full Name of Mother,* Marie Griffin
6. *Mother's Maiden Name,* Killy
7. *Mother's Birthplace,* Island
8. *Full Name of Father,* Thos Griffin
9. *Father's Occupation,* Lab
10. *Father's Birthplace,* Island

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

be in attendance upon the mother, immediately thereafter it shall become the duty of the person [illegible] report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

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82/365

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) fourth child

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* Jan'y 9/86
4. *Place of Birth, (Street and Number)* 54 S. Collington ave
5. *Full Name of Mother,* Elizabeth White
6. *Mother's Maiden Name,* do Thompson
7. *Mother's Birthplace,* Texas
8. *Full Name of Father,* Fred'k White
9. *Father's Occupation,* Mariner
10. *Father's Birthplace,* Somersett Co. Md.

Name of Medical Attendant, or other Person who makes this Return. R. W. Mansfield M.D.

Address, 50 So. Broadway

Remarks,

HEALTH DEPARTMENT
JAN 21 1886
BALTIMORE, MD.

...be in attendance upon the mother, immediately thereafter it shall ... report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

...phy & Co., City Printers and Stationers.

84366

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* January 24 1886
4. *Place of Birth, (Street and Number)* 581 S. Chapel
5. *Full Name of Mother,* Emma F. Sexton
6. *Mother's Maiden Name,* " " Grouch
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Thos. F. Sexton
9. *Father's Occupation,* Glass Packer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Theodore Cooke M.D.

Address, 146 Hanover St. Pa. L.B.

Remarks,

HEALTH DEPARTMENT JAN 25 1886 BALTIMORE, MD.

...e in attendance upon the mother, name the ... report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

...y & Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) white Race.

3. Date of Birth, January 9th 1856.

4. Place of Birth, (Street and Number) Montgomery st. 2 & 41

5. Full Name of Mother, Annie Elizabeth Schaeffer.

6. Mother's Maiden Name, Annie C. Stunger.

7. Mother's Birthplace, Baltimore.

8. Full Name of Father, George [illegible] Schaeffer

9. Father's Occupation, Barber.

10. Father's Birthplace, Germany.

Name of Medical Attendant, or other Person who makes this Return Mrs. Bosien.

Address, 255 Scharp st.

Remarks,

duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

TY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) white race

3. Date of Birth, January 9th 1886.

4. Place of Birth, (Street and Number) No 82 Leadenhall st

5. Full Name of Mother, Annie Grieten

6. Mother's Maiden Name, Annie Hammerbacher

7. Mother's Birthplace, No 26 Bevan st

8. Full Name of Father, Frank Grieten

9. Father's Occupation, Cabinet Maker.

10. Father's Birthplace, Belgium.

Name of Medical Attendant, or other Person who makes this Return Mr. Bosien

Address, 256 Sharp st.

Remarks,

TY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Fourth
1. *Sex, (state whether male or female)*	male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth*	January 6
4. *Place of Birth, (Street and Number)*	114 N. Spring St
5. *Full Name of Mother,*	Reizel Hochberger
6. *Mother's Maiden Name,*	Reizel Hochberger
7. *Mother's Birthplace,*	Austria
8. *Full Name of Father,*	Isaac Hochberger
9. *Father's Occupation,*	Cigar Maker
10. *Father's Birthplace,*	Austria
Name of Medical Attendant, or other Person who makes this Return.	R. Justman
Address,	46 Caroline St
Remarks,	

HEALTH DEPARTMENT JAN 12 1886 BALTIMORE, MD.

be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

urphy & Co., City Printers and Stationers.

RETURN OF A BIRTH.

81370

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth January 9th
4. Place of Birth, (Street and Number) Front St
5. Full Name of Mother, Ida Levin
6. Mother's Maiden Name, Carolitzky
7. Mother's Birthplace, Russia
8. Full Name of Father, Emanuel Levin
9. Father's Occupation, Tailor
10. Father's Birthplace, Russia

Name of Medical Attendant, or other Person who makes this Return. R. Justman

Address, 46 Caroline St

Remarks,

HEALTH DEPARTMENT JAN 12 1886 BALTIMORE, MD.

be in attendance upon the mother, immediately thereafter it shall [illegible] the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

rphy & Co., City Printers and Stationers.

14371

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
JAN 12 18[illegible]
BALTIMORE, MD

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Boi
2. Race or Color, (if not of the white race) Withe
3. Date of Birth, Jan 9 86
4. Place of Birth, (Street and Number) Burrough St. Lokust Point
5. Full Name of Mother, Lina Bobrowska
6. Mother's Maiden Name, Rihwalski
7. Mother's Birthplace, Germani
8. Full Name of Father, John Rihwalski
9. Father's Occupation, Germani
10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return Marie Güttner

Address, 245 S. Wolfe Street

Remarks, to St. Alpenhus limiti Jan 13, 86

Undertaker Felix Broskowski 215 S Ann St

[illegible] duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

[illegible]ITY PRINTERS AND STATIONERS.

84372

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, FEB 1 1886 BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth* 60 Preston street
4. *Place of Birth, (Street and Number)* January 9th 1886
5. *Full Name of Mother,* Mary Beverley
6. *Mother's Maiden Name,* Mary Simpson
7. *Mother's Birthplace,* Prince George Co. M.D.
8. *Full Name of Father,* William Beverley
9. *Father's Occupation,* Wagon Driver
10. *Father's Birthplace,* Prince George Co. M.D.

Name of Medical Attendant, or other Person who makes this Return. Hester Cotance

Address, 39 Monument street

Remarks,

birth of any child shall occur within the attendance [illegible] be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

urphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

84373

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Jan 9. 886
4. Place of Birth, (Street and Number) Maternite, 16 W Lombard St
5. Full Name of Mother, Annie Corkoran.
6. Mother's Maiden Name, Do
7. Mother's Birthplace, Ire
8. Full Name of Father, —
9. Father's Occupation, —
10. Father's Birthplace, —

Name of Medical Attendant, or other Person who makes this Return. William S. Glasser M D

Address, Maternite

Remarks, Illegitimate

HEALTH DEPARTMENT FEB 5 1886 BALTIMORE MD.

he in attendance upon the mother, immediately thereafter it shall become the duty of such person to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

hy & Co., City Printers and Stationers.

84374

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* January 9. 1886
4. *Place of Birth, (Street and Number)* 160 McCulloh St.
5. *Full Name of Mother,* Helena Goldsborough
6. *Mother's Maiden Name,* " McManus
7. *Mother's Birthplace,* Bal City
8. *Full Name of Father,* Henry P. Goldsborough
9. *Father's Occupation,* Merchant.
10. *Father's Birthplace,* Kent Island Md.

Name of Medical Attendant, or other Person who makes this Return Marbury Brewer Md

Address, 68 McCulloh St.

Remarks,

HEALTH DEPARTMENT FEB 2 1886 BALTIMORE MD

Birth of any child shall occur without the attendance of a physician or of a person, it shall then become the should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

84375

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recovered.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex, (state whether male or female)* Male

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* January 9th 1886

4. *Place of Birth, (Street and Number)* Elliott street, canton

5. *Full Name of Mother,* Sarah Charles

6. *Mother's Maiden Name,* Sarah Kelley

7. *Mother's Birthplace,* Baltimore City

8. *Full Name of Father,* Johnny Charles

9. *Father's Occupation,* Telegraph Operator

10. *Father's Birthplace,* Wales

Name of Medical Attendant, or other Person who makes this Return. Mrs Sarah Sullivan

Address, 104 Curley street

Remarks,

HEALTH DEPARTMENT FEB 2 1886 BALTIMORE

& Co., City Printers and Stationers.

RETURN OF A BIRTH. 84376

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, FEB 17 1886 BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Male,
2. Race or Color, (if not of the white race)
3. Date of Birth Jan. 9. 1886
4. Place of Birth, (Street and Number) 438 E. Fayette St.
5. Full Name of Mother, Mrs. Mary and Virginia Lee Emory
6. Mother's Maiden Name, Miss Mary and Virginia Lee Hammond
7. Mother's Birthplace, Virginia
8. Full Name of Father, Walter H. Emory
9. Father's Occupation, Policeman
10. Father's Birthplace, Thomaston Maine

Name of Medical Attendant, or other Person who makes this Return. G. C. Rusk M.D.

Address, 392 E. Balt. St.

Remarks, Forceps delivery

...report its birth to the Commissioner of Health, in the manner and within the period above required, and any other person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

...phy & Co., City Printers and Stationers.

RETURN OF A BIRTH

B/377

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. *Sex, (state whether male or female)* Male

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* January 5th 1881

4. *Place of Birth, (Street and Number)* 150 Chew St.

5. *Full Name of Mother,* Lizzie Blandholt

6. *Mother's Maiden Name,* Lizzie Albert

7. *Mother's Birthplace,* Baltimore

8. *Full Name of Father,* John Blandholt

9. *Father's Occupation,* Shoemaker

10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return, W. A. Bull

Address, 185 S. E. cor. Central av. & Monument St.

Remarks, All Well.

W. B.

HEALTH DEPARTMENT ... BALTIMORE.

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

Co., City Printers and Stationers.

RETURN OF A BIRTH

82378

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th.

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, January 7th 1886
4. Place of Birth, (Street and Number) 397 E. Madison St.
5. Full Name of Mother, Maria Hart
6. Mother's Maiden Name, Maria Posal
7. Mother's Birthplace, New York.
8. Full Name of Father, Daniel T. Hart
9. Father's Occupation, Doctor
10. Father's Birthplace, England

Name of Medical Attendant, or other Person who makes this Return. M. A. Butt

Address, 185 S.E. cor Central av. & Monument St.

Remarks, All Well

K B

HEALTH DEPARTMENT FEB 27 1886 BALTIMORE

Report as [illegible] to the Commissioner [illegible] or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

Co., City Printers and Stationers.

RETURN OF A BIRTH

B/379

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5 th.

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, January 9th. 1886.
4. Place of Birth, (Street and Number) No. 210 Chas
5. Full Name of Mother, Maria Daut
6. Mother's Maiden Name, Maria Farel
7. Mother's Birthplace, Baltimore
8. Full Name of Father, James Daut.
9. Father's Occupation, Laborer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. M. J. Bell

Address, 185 S.E. cor. Central av & Monument St.

Remarks, Ill Will K. B.

HEALTH DEPARTMENT
FEB 27 1886
BALTIMORE, MD.

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

Co., City Printers and Stationers.

84380

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) M
2. Race or Color, (if not of the white race) January
3. Date of Birth, 9th July 1886
4. Place of Birth, (Street and Number) 78 Sharp St
5. Full Name of Mother, Annie Ellart
6. Mother's Maiden Name, McDermott
7. Mother's Birthplace, Balt.
8. Full Name of Father, John Ellart
9. Father's Occupation, Shoemaker
10. Father's Birthplace, Balt.

Name of Medical Attendant, or other Person who makes this Return. H W Wetzlaff

Address, 101 Barrett

Remarks,

HEALTH DEPARTMENT JAN 13 1886 BALTIMORE, MD.

[illegible] report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

[illegible] & Co., City Printers and Stationers.

NOTICE

The succeeding documents were received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

84381

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Male.
2. *Race or Color, (if not of the white race)* White.
3. *Date of Birth* Jan. 9. 1886.
4. *Place of Birth, (Street and Number)* 226 Light St.
5. *Full Name of Mother,* Mary Bateman.
6. *Mother's Maiden Name,* Conneway.
7. *Mother's Birthplace,* Baltimore.
8. *Full Name of Father,* John Bateman.
9. *Father's Occupation,* Telegraph opperator.
10. *Father's Birthplace,* Baltimore.

Name of Medical Attendant, or other Person who makes this Return. Mrs. Scarborough

Address, 226 Montgomery St.

Remarks,

HEALTH DEPARTMENT, JAN 11 1886 BALTIMORE, MD.

...be in attendance upon the mother, immediately, in the manner and within the period above required, and any such person report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

...rphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

21382

duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) first

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) Colerd

3. Date of Birth, 9th " of January

4. Place of Birth, (Street and Number) 42 Vine St

5. Full Name of Mother, Kissie Willis

6. Mother's Maiden Name, Kissie Tilden

7. Mother's Birthplace, Buckingham Co West Va

8. Full Name of Father, Henry Willis

9. Father's Occupation, Labera

10. Father's Birthplace, Virginia

Name of Medical Attendant, or other Person who makes this Return mary Thompson

Address, 26 Josephine St

Remarks, none

HEALTH DEPARTMENT JAN 12 1886 BALTIMORE, MD.

TY PRINTERS AND STATIONERS.

84385

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, ~~Baltimore City~~.

HEALTH DEPARTMENT
JAN 15 1886
BALTIMORE, MD.

No. of Child of Mother (*state whether 1st, 2d, 3d, &c.*) Male

1. *Sex*, (*state whether male or female*) Male
2. *Race or Color*, (*if not of the white race*) W
3. *Date of Birth* Jan 9th 1886
4. *Place of Birth*, (*Street and Number*) 238 Bank St
5. *Full Name of Mother*, Adelhide Zinke
6. *Mother's Maiden Name*, " Schmidt
7. *Mother's Birthplace*, Germany
8. *Full Name of Father*, Edward Zinke
9. *Father's Occupation*, Storekeeper
10. *Father's Birthplace*, Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs M. Goetzke

Address, 535 W. Bond St

Remarks,

Be in attendance upon the Mother, immediately, in the manner and within the period above required, and any such person report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

phy & Co., City Printers and Stationers.

84384

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, JAN 15 1886 BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 9th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* W.
3. *Date of Birth* Jany 9/86
4. *Place of Birth, (Street and Number)* 84 do Eden
5. *Full Name of Mother,* Mary Ann Bagwell
6. *Mother's Maiden Name,* " " Conelly
7. *Mother's Birthplace,* B.C.
8. *Full Name of Father,* John W. Bagwell
9. *Father's Occupation,* Moulder
10. *Father's Birthplace,* B.C.

Name of Medical Attendant, or other Person who makes this Return. G. L. Wiss Lin

Address, 77 S. Broadway

Remarks,

...be report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

...rphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

87385

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, JAN 13 1886 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Jan 9th

4. Place of Birth, (Street and Number) Barre st 316

5. Full Name of Mother, Mary Stubenar

6. Mother's Maiden Name, Mary Shaffer

7. Mother's Birthplace, Balto Md

8. Full Name of Father, Henry Stubenar

9. Father's Occupation, Piano Maker

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return Chas Schaffer

Address, 24 Columbia Balto Md

Remarks,

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH

82/386

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 1/9/86
4. Place of Birth, (Street and Number) #6 Laurel St.
5. Full Name of Mother, Caroline Bressing
6. Mother's Maiden Name, " " Kimmel
7. Mother's Birthplace, Germany
8. Full Name of Father, John Bressing
9. Father's Occupation, Carpenter
10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes, this Return. Sophia Siemon

Address, No 70 Granby St

Remarks,

HEALTH DEPARTMENT JAN 14 1886 BALTIMORE, MD.

be report its birth to the Commissioner of Health, in the manner and within the [illegible] or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

y & Co., City Printers and Stationers.

84387

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race)
3. Date of Birth Jan. 9, 1885
4. Place of Birth, (Street and Number) 464 E. Hoffman
5. Full Name of Mother, Mollie Norris
6. Mother's Maiden Name, " Moore
7. Mother's Birthplace, Balto. Md.
8. Full Name of Father, Samuel Norris
9. Father's Occupation, Bricklayer
10. Father's Birthplace, Balto. Md

Name of Medical Attendant, or other Person who makes this Return. Caroline Miller

Address, #5 Walker St. Balto. Md

Remarks,

HEALTH DEPARTMENT
JAN 14 1885
BALTIMORE, MD.

Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH.

84388

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
JAN 18 1886
BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth Jan. 9. 1886

4. Place of Birth, (Street and Number) 90 S. Exeter St

5. Full Name of Mother, Mrs. Elizabeth Powell

6. Mother's Maiden Name, Wife " Roche

7. Mother's Birthplace, Balt. Md.

8. Full Name of Father, James Powell

9. Father's Occupation, Molder

10. Father's Birthplace, Ireland

Name of Medical Attendant, or other Person who makes this Return. G. G. Rue & Bro. D.

Address, Balt. & Wash. sts.

Remarks, Forceps Delivery.

In attendance upon the mother, immediately after the birth and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

rphy & Co., City Printers and Stationers.

84389

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, JAN 25 1886 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* ~~#41 Wyeth St~~ Jan 12th 86
4. *Place of Birth, (Street and Number)* #41 Wyeth St.
5. *Full Name of Mother,* Barbara Hopf
6. *Mother's Maiden Name,* Stamp
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Geo. Hopf
9. *Father's Occupation,* Carrier
10. *Father's Birthplace,* Prussia

Name of Medical Attendant, or other Person who makes this Return. Mary Kroh

Address, #328 S. Eutaw St.

Remarks,

birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH

84390

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, JAN 20 1886 BALTIMORE, M.D.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Jan 10th 86
4. *Place of Birth, (Street and Number)* # 160 Scott St.
5. *Full Name of Mother,* Sophia Vogdt
6. *Mother's Maiden Name,* " Berry
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Gustav Vogdt
9. *Father's Occupation,* Cigar maker
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mary Kroh

Address, # 328 S. Eutaw St.

Remarks,

birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be re[illegible]ed as other fines and forfeitures are recoverable.

[illegible]ky & Co. City Printers and Stationers

NOTICE

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RETURN OF A BIRTH

84391

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth

1. *Sex, (state whether male or female)* Male

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* January 4th 1886

4. *Place of Birth, (Street and Number)* 52 Essex Street

5. *Full Name of Mother,* Mrs Emma Heinemann

6. *Mother's Maiden Name,* Emma Kemp

7. *Mother's Birthplace,* Baltimore

8. *Full Name of Father,* Peter Heinemann

9. *Father's Occupation,* Cigar-maker

10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs R. V. Garth

Address, No 65 Burke St

Remarks,

HEALTH DEPARTMENT
JAN 21 1886
BALTIMORE

be in attendance upon the mother, immediately hereafter it shall become the duty of the physician, and any such person report its birth to the Commissioner of Health. In the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH

84392

GIVEN NAME ADDED 7-23-53

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Henry Baum

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) M

2. Race or Color, (if not of the white race)

3. Date of Birth, January 10/36

4. Place of Birth, (Street and Number) 100 S. Carolines St.

5. Full Name of Mother, Mary Baum

6. Mother's Maiden Name, Sebens

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Fred Baum

9. Father's Occupation, Bricklayer

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs. Louise Kraft

Address, 142 S. Washington St

Remarks,

HEALTH DEPARTMENT JAN BALTIMORE

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH

82393

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)*
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* January 16 1896
4. *Place of Birth, (Street and Number)* 149 S. Wolf St
5. *Full Name of Mother,* Louise Heutzel
6. *Mother's Maiden Name,* Reidel
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Frank Heutzel
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs. Louise Kraft

Address, 142 S. Washington St.

Remarks,

HEALTH DEPARTMENT
JAN 27
BALTIMORE

Report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH

84394

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPT. BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* January 10/86
4. *Place of Birth, (Street and Number)* 205 S. Broadway
5. *Full Name of Mother,* Lussie Colien
6. *Mother's Maiden Name,* Porter
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* William Colien
9. *Father's Occupation,* Painter
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs Louise Kraft

Address, 142 S. Washington St.

Remarks,

Report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH 82395

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
JAN 22 1886
BALTIMORE MD

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	
3. Date of Birth,	January 10/86
4. Place of Birth, (Street and Number)	6 Woods Court
5. Full Name of Mother,	Ellen Gould
6. Mother's Maiden Name,	Kelly
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	John Gould
9. Father's Occupation,	Carriage Maker
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Mrs. Louise Kraft
Address,	142 S. Washington St
Remarks,	

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

& Co., City Printers and Stationers.

RETURN OF A BIRTH

84396

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT, JAN 20 1886 BALTIMORE MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 13th

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, 16th January 1886

4. Place of Birth, (Street and Number) No 56 Race St Balto

5. Full Name of Mother, Hester Taylor

6. Mother's Maiden Name, " Massey

7. Mother's Birthplace, Cecil Co Md

8. Full Name of Father, Joseph Taylor

9. Father's Occupation, Sealoser

10. Father's Birthplace, Virginia

Name of Medical Attendant, or other Person who makes this Return Caroline Moore

Address, No 50 Race St Balto.

Remarks,

PRINTERS AND STATIONERS

RETURN OF A BIRTH,

82397

HEALTH DEPARTMENT
JAN 12 1906
BALTIMORE MD

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex (state whether male or female)* male

2. *Race or Color, (if not of the white race)* white

3. *Date of Birth* Jan. 10/86.

4. *Place of Birth, (Street and Number)* 43 Preston St. (W.)

5. *Full Name of Mother* Mary E. ~~Peter A.~~ Reilley

6. *Mother's Maiden Name* Burke.

7. *Mother's Birthplace* Maryland

8. *Full Name of Father* Peter A. Reilley

9. *Father's Occupation* R. R. Fireman

Father's Birthplace Baltimore Md.

Name of Medical Attendant, or other Person who makes this Return. D. R. Fetterhoff M.D.

Address 227 Madison Ave.

Remarks

name of the mother of such child or children.

RETURN OF A BIRTH.

B/398

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Fifth

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth January 10 1886

4. Place of Birth, (Street and Number) 64 S. Sharp St

5. Full Name of Mother, Helen Spear

6. Mother's Maiden Name, Helen Kronheimer

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Jacob Spear

9. Father's Occupation, Shoe Dealer

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return. John Wilson

Address, No. 5 Franklin St

Remarks,

JAN 11 1886 BALTIMORE MD.

be in attendance upon the mother, immediately thereafter it shall become the duty of the person in charge of such case, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH

84399

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

May Oaks

HEALTH DEPARTMENT, JAN 1886 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Jan 10 1886
4. Place of Birth, (Street and Number) 2 Church St
5. Full Name of Mother, Anna Oaks
6. Mother's Maiden Name, Anna Lease
7. Mother's Birthplace, Philadelphia
8. Full Name of Father, John Oaks
9. Father's Occupation, Mariner
10. Father's Birthplace, Sweden Europe

Name of Medical Attendant, or other Person who makes this Return. H. Bebbe MD

Address, GIVEN NAME ADDED 6-17-53 50 Harrison Av

Remarks,

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

A Co. City Printers and Stationers

NOTICE

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84400

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th Child

1. *Sex, (state whether male or female)* Sex Boy

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* Born January 10th 1886

4. *Place of Birth, (Street and Number)* Born No 835 Cor. Pratt st Fulton

5. *Full Name of Mother,* Mrs. Sandmann

6. *Mother's Maiden Name,* Min Dolly Albert

7. *Mother's Birthplace,* Born Baltimore

8. *Full Name of Father,* Mr William Sandmann

9. *Father's Occupation,* ~~Bar~~ ~~Room~~ Saloon

10. *Father's Birthplace,* Born Kesen Damstadt Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs. Killer

Address, 1017 west Pratt st city

Remarks,

HEALTH DEPARTMENT JAN 15 1886 BALTIMORE

be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

& Co., City Printers and Stationers.

RETURN OF A BIRTH

84401

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First Child

1. *Sex, (state whether male or female)* Little Girl
2. *Race or Color, (if not of the white race)* White race
3. *Date of Birth,* Born January 10th 1886
4. *Place of Birth, (Street and Number)* No 34 Payson city
5. *Full Name of Mother,* Mrs Kammerbacher
6. *Mother's Maiden Name,* Miss Annie Schriber
7. *Mother's Birthplace,* Born Baltimore city
8. *Full Name of Father,* Mr George Kammerbacher
9. *Father's Occupation,* Spiner by trade
10. *Father's Birthplace,* Baltimore city

Name of Medical Attendant, or other Person who makes this Return. Mrs Killer

Address, 1017 west Pratt st city

Remarks,

HEALTH DEPARTMENT JAN 15 1886 BALTIMORE MD

be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

y & Co., City Printers and Stationers.

RETURN OF A BIRTH

82/402

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd Child

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Jan 10th 1886.
4. *Place of Birth, (Street and Number)* 70 Division st.
5. *Full Name of Mother,* Lizzie Wilhelm
6. *Mother's Maiden Name,* " Weigel
7. *Mother's Birthplace,* Balto.
8. *Full Name of Father,* George Wilhelm
9. *Father's Occupation,* Turner
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. A. L. Buddenbohn M.D.

Address, 166 S. Paca st.

Remarks,

HEALTH DEPARTMENT JAN 15 1886 BALTIMORE, MD.

be in attendance upon the mother, [illegible] report his birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

y & Co., City Printers and Stationers.

8440 3

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
JAN 14 1886
BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th

1. Sex (state whether ~~Male~~ or Female)
2. Race or Color (if not of the white race)
3. Date of Birth January 10th - 86 -
4. Place of Birth (Street and Number) 375 N. Ann St
5. Full Name of Mother Marie
6. Mother's Maiden Name Lenhart
7. Mother's Birthplace Balto
8. Full Name of Father Fred Ament
9. Father's Occupation Dairy man
10. Father's Birthplace Balto

Name of Medical Attendant, or other Person who makes this Return. D. Hillsrawell M.D.

Address 258 Madison Ave.

Remarks

of the parents, and the maiden name of the mother of such child or children.

84404

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth* January 10 — 1886
4. *Place of Birth, (Street and Number)* 179 S. Bond St.
5. *Full Name of Mother,* Amalia Kuesner
6. *Mother's Maiden Name,* Schloetzer
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Charles Adolph ~~H~~ Kuesner
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return. Mary Stein

Address, 151 E Pratt St.

Remarks,

HEALTH DEPARTMENT, FEB 11 1886 BALTIMORE, MD.

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

phy & Co., City Printers and Stationers.

CERTIFICATE CORRECTED 1-23-51

84405

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

John H. Lubbers

HEALTH DEPARTMENT, JAN 14 1886 BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth 10 of January 1886
4. Place of Birth, (Street and Number) No 104 Somerset St
5. Full Name of Mother, Augustina ~~[illegible]~~ Lubbers
6. Mother's Maiden Name, Augustina Kenne
7. Mother's Birthplace, Germany
8. Full Name of Father, A Adolf ~~[illegible]~~ Lubbers.
9. Father's Occupation, Glader
10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs Christina Sauer

Address, 113 Hartford Ave

Remarks, 1886 1886

[illegible] report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

[illegible]phy & Co., City Printers and Stationers.

84406

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Jan 10 / 1886
4. *Place of Birth, (Street and Number)* No 12 Vesen St
5. *Full Name of Mother,* Katz orf
6. *Mother's Maiden Name,* Katz Didrich
7. *Mother's Birthplace,* Ga
8. *Full Name of Father,* Neckles orf
9. *Father's Occupation,* Lebrer
10. *Father's Birthplace,* Germ

Name of Medical Attendant, or other Person who makes this Return. [illegible]

Address, [illegible]

Remarks,

HEALTH DEPARTMENT, JAN 19 1886 BALTIMORE, MD.

report the birth to the Commissioner of Health, in the manner and within the period above required, and any other person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH

824407

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth, 10 January

4. Place of Birth, (Street and Number) 33 E. Fayette

5. Full Name of Mother, Annie Maggie Eckoff

6. Mother's Maiden Name, Hinrichs

7. Mother's Birthplace, Germany

8. Full Name of Father, John Peter Eckoff

9. Father's Occupation, Starchstone

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return, Sarah Casper

Address, 92 E. Lombard street

Remarks,

HEALTH DEPARTMENT
JAN 14 1886
BALTIMORE, MD.

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH

82408

GIVEN NAME ADDED 8-25-53

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: James Henry Sommers

HEALTH DEPARTMENT
JAN 18 1886
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 Child

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 10 January 1886
4. *Place of Birth, (Street and Number)* 12 Patterson Park av
5. *Full Name of Mother,* Amelia G Sommers
6. *Mother's Maiden Name,* Wiley
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Benny Sommers
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return, Mrs Wiley

Address, No 12 Patterson Park av

Remarks,

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

Co. City Printers and Stationers.

RETURN OF A BIRTH. 84409

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

George Albert Mariner 3rd

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth Jan 11th 1886
4. Place of Birth, (Street and Number) cor. Granby & Exeter sts.
5. Full Name of Mother, Kate Mariner
6. Mother's Maiden Name,
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Wm. Mariner
9. Father's Occupation, Laborer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs. C. Bernstein

Address, 49 S. Exeter st. GIVEN NAME ADDED. 7-16-53 L.M.

Remarks,

HEALTH DEPARTMENT JAN 27 1886 BALTIMORE, MD.

...report its birth to the Commissioner of Health, in the manner and [illegible] or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

...by & Co., City Printers and Stationers.

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RETURN OF A BIRTH

824/10

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
JAN 20 1936
BALTIMORE MD

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* the 11 January 1936
4. *Place of Birth, (Street and Number)* 42 Lemberg St
5. *Full Name of Mother,* Mary A Byrne
6. *Mother's Maiden Name,* Mary A Curley
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Mikle Byrne
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Ireland

Name of Medical Attendant, or other Person who makes this Return. Mrs Anna Hunter.

Address, 61 N Schroeder St.

Remarks,

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

Co., City Printers and Stationers.

84411

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
JAN 25 1886
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* January 11th 1886
4. *Place of Birth, (Street and Number)* 154 Conway St
5. *Full Name of Mother,* Lillian E Gallin
6. *Mother's Maiden Name,* " " Chapy
7. *Mother's Birthplace,* Calvert Co Md
8. *Full Name of Father,* John D Gallin
9. *Father's Occupation,* Painter
10. *Father's Birthplace,* England

Name of Medical Attendant, or other Person who makes this Return. Theodore Cooke M.D.

Address, 146 Hanover St

Remarks,

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

Co., City Printers and Stationers.

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84412

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
JAN 25 1886
BALTIMORE, MD.

. *of Child of Mother, (state whether 1st, 2d, 3d, &c.)* Third Child

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* 11 of January
4. *Place of Birth, (Street and Number)* Place No 8 New st
5. *Full Name of Mother,* Mary Brown
6. *Mother's Maiden Name,* Mary Preston
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Richard S Brown
9. *Father's Occupation,* Waiter
10. *Father's Birthplace,* Charles County Maryland

Name of Medical Attendant, or other Person who makes this Return. Mrs Ida Sadler

Address, No 5 New st

Remarks,

born, its or their physical condition, whether still-born or not, the rate of the parents, and the maiden name of the mother of such child or children.

N B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH

8441 3

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* January 11th 1886
4. *Place of Birth, (Street and Number)* Baltimore City, 87 Scott St
5. *Full Name of Mother,* Annie Stierhopy
6. *Mother's Maiden Name,* Annie Dittmar
7. *Mother's Birthplace,* Baltimore City
8. *Full Name of Father,* John Stierhopy
9. *Father's Occupation,* Iron Molder
10. *Father's Birthplace,* Dicheville Baltimore Co.

Name of Medical Attendant, or other Person who makes this Return. Mrs M. Shaffer

Address, No 37 Sasfras St

Remarks,

HEALTH DEPART

certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall thereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

Murphy & Co., City Printers and Stationers.

84114

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1
Sex, (state whether male or female)	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	11th Jan. '84
4. *Place of Birth, (Street and Number)*	275 N. Broadway
5. *Full Name of Mother,*	Annie Mc. Elroy
6. *Mother's Maiden Name,*	" " "
7. *Mother's Birthplace,*	City
8. *Full Name of Father,*	Wm. Henry Mc. Elroy
9. *Father's Occupation,*	Book Keeper
10. *Father's Birthplace,*	City
Name of Medical Attendant, or other Person who makes this Return	E. P. Byrnes M.D.
Address,	375 E. Baltimore St.
Remarks,	

HEALTH DEPARTMENT FEB 3 1884 BALTIMORE

of the parents, and the maiden name of the mother of such child or children."

C. DULANY & CO., CITY PRINTERS AND STATIONERS.

NOTICE

The succeeding documents were received in the same condition and microfilmed as shown.

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RETURN OF A BIRTH

8/4/15

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

HEALTH DEPARTMENT FEB 2 1915 BALTIMORE MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7 th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* January 11
4. *Place of Birth, (Street and Number)* No 1934 Dallis St.
5. *Full Name of Mother,* Dora Monk
6. *Mother's Maiden Name,* Dora Weinhart
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Henry Monk
9. *Father's Occupation,* Tailor
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return. H. A. Bull

Address, 185 S.E. cor. Central av. & Monument St.

Remarks, A & Well

L. B.

Murphy & Co., City Printers and Stationers.

84416

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 11th Jany 1886
4. *Place of Birth, (Street and Number)* 59 Lee st
5. *Full Name of Mother,* Anne Rowe
6. *Mother's Maiden Name,* Auld
7. *Mother's Birthplace,* Balt.
8. *Full Name of Father,* Wm E Rowe
9. *Father's Occupation,* Tea merchant
10. *Father's Birthplace,* Va

Name of Medical Attendant, or other Person who makes this Return. H. W. Webster

Address, 101 Barrett

Remarks,

HEALTH DEPARTMENT JAN 13 1886 BALTIMORE MD

parents, the date and place of birth, and the said [illegible] certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall thereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

urphy & Co., City Printers and Stationers.

RETURN OF A BIRTH. 84417

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
JAN 13 1886
BALTIMORE, MD.

No. of Child of Mother (state whether ~~1st, 2d~~, 3d, &c.)

1. Sex, (~~state whether male or~~ female)
2. Race or Color, (if not of the white race)
3. Date of Birth — Jan. 11th 1886
4. Place of Birth, (Street and Number) — No 21 Mulliken's Alley
5. Full Name of Mother, — Ella J. Kahlbaugh
6. Mother's Maiden Name, — " " Keiley
7. Mother's Birthplace, — Charleston, S. C.
8. Full Name of Father, — George W. Kahlbaugh,
9. Father's Occupation, — Moulder
10. Father's Birthplace, — Pennsylvania.

Name of Medical Attendant, or other Person who makes this Return. — T. Ridgway Andrè M.D.

Address, — No 121 E Balto. St.

Remarks,

certificate between the first and third day of each and every month to the Office of the Commissioner of Health, a certificate of birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall thereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

8744 18

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 13th Child

1. *Sex, (state whether male or female)* Boy

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* 11th of January 1887

4. *Place of Birth, (Street and Number)* 67½ North Chapel street.

5. *Full Name of Mother,* Katie Bauer.

6. *Mother's Maiden Name,* Katie Spahn.

7. *Mother's Birthplace,* Germany.

8. *Full Name of Father,* K Conrade Spahn.

9. *Father's Occupation,* Carpenter

10. *Father's Birthplace,* Germany.

Name of Medical Attendant, or other Person who makes this Return. Crescintia Kunkel

Address, 71 North Chapel street per Justina Kunkel.

Remarks, Healthy.

HEALTH DEPARTMENT
JAN 13
BALTIMORE

certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period before required, and any such person or persons who shall thereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

urphy & Co., City Printers and Stationers.

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Every effort was made to assure legibility and completeness.

RETURN OF A BIRTH

824119

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
JAN 13 1887
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11th

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* Dec. 11- 1886
4. *Place of Birth, (Street and Number)* 2 Holbrook st
5. *Full Name of Mother,* Mary Josephine Bucher
6. *Mother's Maiden Name,* Mary Josephine Attelsberg
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Henry Bucher
9. *Father's Occupation,* Cabinet
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return. J. L. Dauschard

Address, 325 E. Baltimore

Remarks,

Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

1/14/20

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
JAN 13
BALTIMORE MD

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	January 11th 1886.
4. *Place of Birth, (Street and Number)*	47 Laurens
5. *Full Name of Mother,*	Sallie E. Wright
6. *Mother's Maiden Name,*	Allen
7. *Mother's Birthplace,*	Balto. Co. Md.
8. *Full Name of Father,*	Frank Wright
9. *Father's Occupation,*	Paper Hanger
10. *Father's Birthplace,*	Balto. Co. Md.
Name of Medical Attendant, or other Person who makes this Return	J. H. Christian M.D.
Address.	506 Madison Ave.
Remarks,	

certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period of time required, except in the case of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

CO., CITY PRINTERS AND STATIONERS.

84421

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd Child

1. *Sex, (state whether male or female)* Little Boy
2. *Race or Color, (if not of the white race)* White race
3. *Date of Birth,* Born January 11th 1886
4. *Place of Birth, (Street and Number)* No 8 Brown lane
5. *Full Name of Mother,* Mrs. Kaas
6. *Mother's Maiden Name,* Miss Marie Schafer
7. *Mother's Birthplace,* Starndorf Germany
8. *Full Name of Father,* Mr Anton Kass
9. *Father's Occupation,* by trade Butche
10. *Father's Birthplace,* Born Kessen darmstardt germany

Name of Medical Attendant, or other Person who makes this Return. Mrs. Killer

Address, 1017 west Pratt st

Remarks,

HEALTH DEPARTMENT, JAN 15 1886 BALTIMORE, MD.

certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who sha[illegible] fail to comply with the provisions of this section, shall [illegible]bjected to the fine of ten (10) dollars for each offence to [illegible]overed as other fines and forfeitures are recoverable.

[illegible]rphy & Co., City Printers and Stationers.

84422

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, JAN 16 1886 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 11th January 1886.
4. *Place of Birth, (Street and Number)* # 276 Gilmore St.
5. *Full Name of Mother,* Maggie Robberts.
6. *Mother's Maiden Name,* " Carry.
7. *Mother's Birthplace,* Ireland
8. *Full Name of Father,* Thon Robberts.
9. *Father's Occupation,* Liquor dealer
10. *Father's Birthplace,* England

Name of Medical Attendant, or other Person who makes this Return. Mrs Carroll

Address, # 19 Woodyear St

Remarks,

parents, the date and place of birth, and the said whereof shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall thereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

...y & Co., City Printers and Stationers.

8442 3

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, JAN [illegible] BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) One Child

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colard Race
3. *Date of Birth* Jan 11 1886
4. *Place of Birth, (Street and Number)* 133 Register St
5. *Full Name of Mother,* Ella Stanley
6. *Mother's Maiden Name,* Ella Galmason
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Josiah
9. *Father's Occupation,* Labor
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Lucinda Woolford

Address, 130 N Register St

Remarks,

[illegible] certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall thereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence [illegible] recovered as other fines and forfeitures are recoverable.

[illegible] Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

84424

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10 st.

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, den 11ten Januar
4. Place of Birth, (Street and Number) Sells Street 24 fells point
5. Full Name of Mother, Martha Anna Nothew
6. Mother's Maiden Name, geb. Cluff
7. Mother's Birthplace, Prinzess Royal County Maryland
8. Full Name of Father, William Domneep Nothew
9. Father's Occupation, Boarding House
10. Father's Birthplace, Prinzess Royal County Maryland

Name of Medical Attendant, or other Person who makes this Return. Christine Mahler, Midwife

Address, South Ann Street 286

Remarks,

HEALTH DEPARTMENT JAN BALTIMORE

certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall thereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

phy & Co., City Printers and Stationers.

84425

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Primipara (Rhea Gundersheimer)

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth Jany 14 1886. 12 m.
4. Place of Birth, (Street and Number) 663 W Baltimore
5. Full Name of Mother, Hannah Gundersheimer
6. Mother's Maiden Name, Hannah Rice
7. Mother's Birthplace, Gold Norfolk Va.
8. Full Name of Father, Benj. A Gundersheimer
9. Father's Occupation, Merchant
10. Father's Birthplace, Richmond Va

Name of Medical Attendant, or other Person who makes this Return. A. H. Latton M.D.

Address,

Remarks, Full name of child added by mother.

Hannah Gundersheimer Mother

J E Wehn - Reg

June 9-1938

HEALTH DEPARTMENT JAN 14 1886 BALTIMORE MD

ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance [illegible] the mother, immediately thereafter it shall become the duty [illegible] the person or parents of such child, to report its birth t[illegible] Commissioner of Health, in the manner and within the pe[illegible] above required, and any such person or persons who sha[illegible] thereafter fail to comply with the provisions of this section, sha[illegible] subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

onn Murphy & Co., City Printers and Stationers.

84426

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Jan. 11. 86.
4. *Place of Birth, (Street and Number)* 96 E. Madison St.
5. *Full Name of Mother,* Ida Schwinn
6. *Mother's Maiden Name,* " Schnitzer
7. *Mother's Birthplace,* Md.
8. *Full Name of Father,* Frank Schwinn
9. *Father's Occupation,* Merchant
10. *Father's Birthplace,* Md.

Name of Medical Attendant, or other Person who makes this Return. J. H. Robinson M. D.

Address, 25 1/2 Greenmount Ave.

Remarks,

HEALTH DEPARTMENT
JAN 14 1886
BALTIMORE, MD.

parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall [illegible] after fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
JAN 18 1886
BALTIMORE MD

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third (3rd)

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, January, 1886

4. Place of Birth, (Street and Number) Baltimore Md. 50 Fort Av.

5. Full Name of Mother, Elizabeth Walker

6. Mother's Maiden Name, Elizabeth Nelson

7. Mother's Birthplace, Baltimore Md.

8. Full Name of Father, William Asbury Walker

9. Father's Occupation, Laborer

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Miss Conway

Address, C

Remarks,

certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

...O., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 84428

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* Color
3. *Date of Birth* 11 of January
4. *Place of Birth, (Street and Number)* 1 Tap scot avenue
5. *Full Name of Mother,* Jury Canton
6. *Mother's Maiden Name,* Jury Sidson
7. *Mother's Birthplace,* Noth som for jin
8. *Full Name of Father,* Hem Canton
9. *Father's Occupation,* loveing work
10. *Father's Birthplace,* Eston show M. D

Name of Medical Attendant, or other Person who makes this Return. Milley Gross

Address, 181 York street

Remarks,

HEALTH DEPARTMENT
JAN 18 1896
BALTIMORE, MD

parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the [illegible] certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

n Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

24429

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2 the Child
1. *Sex, (state whether male or female)*	Male Child
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	12 Januar
4. *Place of Birth, (Street and Number)*	Cookstreet N 203
5. *Full Name of Mother,*	Marij Bronn
6. *Mother's Maiden Name,*	Marij Nowack
7. *Mother's Birthplace,*	Preuz. Provinz Posen
8. *Full Name of Father,*	Julius Bronn
9. *Father's Occupation,*	Heaman
10. *Father's Birthplace,*	Stettin Prov. Pommern
Name of Medical Attendant, or other Person who makes this Return	Lizzie Schäffler
Address,	Hullstreet N 31 Louis Bint
Remarks,	

HEALTH DEPARTMENT JAN 20 1900 BALTIMORE MD

certificate, between the first and third day of each and every month to the Board of Health. In case no birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

..., CITY PRINTERS AND STATIONERS.

NOTICE

The succeeding documents were received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

RETURN OF A BIRTH

24430

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, January 12th 18[illegible]

4. Place of Birth, (Street and Number) No 75 Fredrick av

5. Full Name of Mother, Wilhelmina Krause

6. Mother's Maiden Name, Wilhelmina Tyalbea

7. Mother's Birthplace, Germany

8. Full Name of Father, Fred Krause

9. Father's Occupation, Laborer

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return. E Duncan

Address, No 827 W Fombard St

Remarks,

HEALTH DEPARTMENT
JAN 29 1886
BALTIMORE, MD.

Be in attendance upon the birth, and shall report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH

84431

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* January 12th 1886
3. *Date of Birth,* Baltimore City 135 Freemont St
4. *Place of Birth, (Street and Number)*
5. *Full Name of Mother,* Jane Gillis
6. *Mother's Maiden Name,* Jane Campe
7. *Mother's Birthplace,* London England
8. *Full Name of Father,* Gilbraith Gillis
9. *Father's Occupation,* Shoe Maker
10. *Father's Birthplace,* Ireand

Name of Medical Attendant, or other Person who makes this Return. Miss M Shaffer

Address, No 37 Sasfras St

Remarks,

HEALTH DEPARTMENT BALTIMORE, MD.

be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

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8443.2

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3rd.

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) White.
3. Date of Birth Jan. 12th 1886.
4. Place of Birth, (Street and Number) #243 S. Sharp St.
5. Full Name of Mother, Mary Meyd.
6. Mother's Maiden Name, " Schwakopf.
7. Mother's Birthplace, Balto Md.
8. Full Name of Father, Frank Meyd.
9. Father's Occupation, Black Smith.
10. Father's Birthplace, Balto. Md.

Name of Medical Attendant, or other Person who makes this Return. Mrs. Lena Stillequist

Address, #182 E Monument St.

Remarks,

HEALTH DEPARTMENT FEB 3 1886 BALTIMORE, MD.

be in attendance upon the mother, immediately thereafter, it shall become the duty of the person above required, and any such person report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

rphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

8244 33

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of Child: Robert Walter Emmart

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Jan 12th
4. Place of Birth, (Street and Number) 73 Pine St
5. Full Name of Mother, Emma V Emmart
6. Mother's Maiden Name, Emma V Carbland
7. Mother's Birthplace, St Louis Missouri
8. Full Name of Father, Henry L Emmart
9. Father's Occupation, Oyster Dealer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return, Susan Hunter

Address, 21 N Broadway St

Remarks,

HEALTH DEPARTMENT JAN 16 1886 BALTIMORE MD

Every birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

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NOTICE

The succeeding document was received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

RETURN OF A BIRTH. 84434

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, JAN 21 1886 BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) One Child

1. *Sex*, (state whether male or female) Male
2. *Race or Color*, (if not of the white race) Colored race
3. *Date of Birth* Jan. 12 1886
4. *Place of Birth*, (Street and Number) 260 Orleans St
5. *Full Name of Mother*, Annie Maria Jane Lucas
6. *Mother's Maiden Name*, Maria Jane Wofford
7. *Mother's Birthplace*, Easton Md
8. *Full Name of Father*, Isaac Lucas
9. *Father's Occupation*, Laborer
10. *Father's Birthplace*, North Carolina

Name of Medical Attendant, or other Person who makes this Return. Lucinda Wofford

Address, 130 Fayette St

Remarks,

be in attendance upon the mother, immediately thereafter it shall become the duty of the ... report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

rphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

8214.35

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) .....

1. *Sex, (state whether male or female)* Colored Male

2. *Race or Color, (if not of the white race)* Color

3. *Date of Birth,* Saturday June 30 1866

4. *Place of Birth, (Street and Number)* 113 moore ally

5. *Full Name of Mother,* Mary young

6. *Mother's Maiden Name,* Mary foote

7. *Mother's Birthplace,* Westrines MD

8. *Full Name of Father,* William young

9. *Father's Occupation,* Castor

10. *Father's Birthplace,* Maryland Carrol County

Name of Medical Attendant, or other Person who makes this Return. Celestial Cook

Address, 711 orchard st

Remarks, Child died from Weakness

HEALTH DEPARTMENT
JAN 27 1885
BALTIMORE, MD.

RETURN OF A BIRTH.

82436

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

be in attendance upon the mother, immediately thereafter it shall become the duty of the ... report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	5th Child
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth*	January 12th 1886
4. *Place of Birth, (Street and Number)*	384 N. Sticker St.
5. *Full Name of Mother,*	Amelia Hoss.
6. *Mother's Maiden Name,*	Amelia Keckley
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Jno. W. Hoss.
9. *Father's Occupation,*	Carpenter
10. *Father's Birthplace,*	Balt. Co.
Name of Medical Attendant, or other Person who makes this Return.	Jno. Powell M.D.
Address,	98 N. Paul St. Extended
Remarks,	Child Healthy.

HEALTH DEPARTMENT
JAN 13 1886
BALTIMORE MD.

rphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

84437

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT, JAN 15 1886 BALTIMORE, MD

Theodore Everett Martin

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* January 12th 1886
4. *Place of Birth, (Street and Number)* 196 Arlington Av.
5. *Full Name of Mother,* Mary E. Martin
6. *Mother's Maiden Name,* Jones
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* John B. Martin
9. *Father's Occupation,* Traveling Salesman
10. [redacted]*her's Birthplace,* Dorchester Co. Md

Name of Medical Attendant, or other Person who makes this Return, E. W. Lee M.D.

Address, 192 North Carey St

Remarks, OTHER NAME ADDED. 4-24-83 L.M.

T, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH

84438

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
JAN 16 1886
BALTIMORE MD

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	7
1. *Sex, (state whether male or female)*	female
2. *Race or Color, (if not of the white race)*	Colored
3. *Date of Birth,*	Baltimore Home Ave. 26
4. *Place of Birth, (Street and Number)*	Tuesday Jan. 12. 1886
5. *Full Name of Mother,*	Martha E Bradley
6. *Mother's Maiden Name,*	Martha E Kelley
7. *Mother's Birthplace,*	Baltimore County
8. *Full Name of Father,*	George Bradley
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	Baltimore County
Name of Medical Attendant, or other Person who makes this Return	Ellen Carson
Address,	No 271 Chapple
Remarks,	

PRINTERS AND STATIONERS

NOTICE

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Every effort was made to assure legibility and completeness.

84439

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
JAN [illegible]
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Jan 12th / 86
4. *Place of Birth, (Street and Number)*	No. 18 N Carey St
5. *Full Name of Mother,*	Lillie Fleischmann
6. *Mother's Maiden Name,*	Lillie Gottschalk
7. *Mother's Birthplace,*	Maryland
8. *Full Name of Father,*	Ernst Fleischmann
9. *Father's Occupation,*	Merchant
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other Person who makes this Return.	H. Jenkins
Address,	No. 2 Cathedral St
Remarks,	

be in attendance upon the mother, immediately thereafter it shall become the duty of the [illegible] report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

& Co., City Printers and Stationers.

84440

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, JAN 18 1886 BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* 13 Day of January 1886
4. *Place of Birth, (Street and Number)* No. 333 William St
5. *Full Name of Mother,* Annie Bennardt
6. *Mother's Maiden Name,* Annie Talor
7. *Mother's Birthplace,* Byern
8. *Full Name of Father,* Robert Bennardt
9. *Father's Occupation,* Gilder
10. *Father's Birthplace,* Byern

Name of Medical Attendant, or other Person who makes this Return. Sabina Greshaber

Address, No. 128 West St

Remarks,

be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons [illegible] report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

rphy & Co., City Printers and Stationers.

84441

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, JAN 15 1886 BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 7th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* W
3. *Date of Birth* Jan 12th 1886
4. *Place of Birth, (Street and Number)* 336 Bank St
5. *Full Name of Mother,* Barbara Levy
6. *Mother's Maiden Name,* " Kohn
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Jacob Levy
9. *Father's Occupation,* Butcher
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return. Mr N. Goetzke

Address, 55 S. Bond St

Remarks,

be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

urphy & Co., City Printers and Stationers,

RETURN OF A BIRTH

82442

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Jan 12/86
4. Place of Birth, (Street and Number) No 66 Granby St
5. Full Name of Mother, Caroline Ling
6. Mother's Maiden Name, " Siemon
7. Mother's Birthplace, Germany
8. Full Name of Father, George Ling
9. Father's Occupation, Lace maker
10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return. Sophia Siemon

Address,

Remarks,

HEALTH DEPARTMENT JAN 14 1886 BALTIMORE, MD.

be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

& Co., City Printers and Stationers.

RETURN OF A BIRTH

82443

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 1/12/86
4. Place of Birth, (Street and Number) # 103 E. Pratt St.
5. Full Name of Mother, Lizzie Landers
6. Mother's Maiden Name, Wm Scott
7. Mother's Birthplace, Germany
8. Full Name of Father, Louis Landers
9. Father's Occupation, Store Keeper
10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return. Joshua Simmons

Address, # 70 Granby St.

Remarks,

HEALTH DEPARTMENT JAN 14 1886 BALTIMORE

...report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) Dollars for each offense to be recovered as other fines and forfeitures are recoverable.

& Co., City Printers and Stationers.

RETURN OF A BIRTH

84444

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, 1/12/86

4. Place of Birth, (Street and Number) # 30 Albemarle St.

5. Full Name of Mother, Katie Rupp

6. Mother's Maiden Name, Katie Neibert

7. Mother's Birthplace, Germany

8. Full Name of Father, Judicus Rupp

9. Father's Occupation, Tailor

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return. Sophia Siemon

Address, # 72 Granby St.

Remarks,

HEALTH DEPARTMENT
JAN 14 1886
BALTIMORE MD

Co., City Printers and Stationers.

RETURN OF A BIRTH 24445

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
JAN 14 1886
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, 12 January
4. Place of Birth, (Street and Number) 70 S. Caroline
5. Full Name of Mother, Mary Trenall
6. Mother's Maiden Name, Hile
7. Mother's Birthplace, Baltimore
8. Full Name of Father, George Trenall
9. Father's Occupation, Driver
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return, Sarah Castle

Address, 72. E. Lombard street

Remarks,

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

& Co., City Printers and Stationers.

RETURN OF A BIRTH

84446

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

HEALTH DEPARTMENT
JAN 18 1886
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Fifth.
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	12 Jan 1886
4. *Place of Birth, (Street and Number)*	472 Canton Ave.
5. *Full Name of Mother,*	Lizzie Fellermier.
6. *Mother's Maiden Name,*	Gemeuier.
7. *Mother's Birthplace,*	Germany.
8. *Full Name of Father,*	William Fellermier.
9. *Father's Occupation,*	Captain.
10. *Father's Birthplace,*	Germany.
Name of Medical Attendant, or other Person who makes this Return.	M^d Wiley.
Address,	# 12 Patterson Park Ave.
Remarks,	

& Co., City Printers and Stationers.

RETURN OF A BIRTH

84447

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT FEB 5 1886 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First.

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, January 13, 1886

4. Place of Birth, (Street and Number) Maternite, 161, N. Lombard St.

5. Full Name of Mother, Laura C. Bell

6. Mother's Maiden Name, Do

7. Mother's Birthplace, W. Va.

8. Full Name of Father, ——

9. Father's Occupation, ——

10. Father's Birthplace, ——

Name of Medical Attendant, or other Person who makes this Return, William S. Gardner M.D.

Address, Maternite.

Remarks, Illegitimate

be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

hy & Co., City Printers and Stationers.

84448

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
FEB 1 1886
BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2 and

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth* Jany 13th 86
4. *Place of Birth, (Street and Number)* #21 Monroe Str L Balto
5. *Full Name of Mother,* Anna Berryman
6. *Mother's Maiden Name,* Anna Gabria
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Jas C. Berryman
9. *Father's Occupation,* Book Keeper
10. *Father's Birthplace,* Balto Co Md.

Name of Medical Attendant, or other Person who makes this Return. Annie Lindner

Address, 75 ~~[illegible]~~ Monroe Street Balto Md.

Remarks,

...be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

...rphy & Co., City Printers and Stationers.

RETURN OF A

To the Office of Registrar of Vital Statistics, Board

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) white
3. Date of Birth 8.00 o'clock a.m. January
4. Place of Birth, (Street and Number) 78 South
5. Full Name of Mother, Eliesab
6. Mother's Maiden Name, Eliesab
7. Mother's Birthplace, Baltim
8. Full Name of Father, Otto F.
9. Father's Occupation, Teacher
10. Father's Birthplace, Germ

Name of Medical Attendant, or other Person who makes this Return. Mo

Address, 437 N. Pra

Remarks,

be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

rphy & Co., City Printers and Stationers.

BIRTH.

of Health, Baltimore City.

84449

ALTH DEPARTMENT,
BALTIM 4 1886
M.D.

13th
Eutaw st
Fuerthe
Fessmann
J.
Mo. Pa.

CORRECTION

The preceding document has been re-photographed to assure legibility and its image appears immediately hereafter.

RETURN OF A BIRTH. 24449

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, FEB 4 1886 BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth 8.30 o'clock a.m. January 13th 1886
4. Place of Birth, (Street and Number) 78 South Eutaw Ste
5. Full Name of Mother, Elisabetha Tuerke
6. Mother's Maiden Name, Elisabetha Fessmann
7. Mother's Birthplace, Baltimore Md.
8. Full Name of Father, Otto Tuerke
9. Father's Occupation, Teacher of Gymnastic's
10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return. Dr. Edelbach

Address, 422 N. Paca Street

Remarks,

be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

phy & Co., City Printers and Stationers.

RETURN OF A BIRTH

84450

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
FEB 3 1886
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Jan 13 1886
4. *Place of Birth, (Street and Number)* 686 Baltimore st
5. *Full Name of Mother,* Anne Mary Reid
6. *Mother's Maiden Name,* Graham
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* William Taylor Reid
9. *Father's Occupation,* Clerk
10. *Father's Birthplace,* Scotland

Name of Medical Attendant, or other Person who makes this Return. E. C. Baldwin

Address, 124 N Exeter st

Remarks,

ET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH

84451

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT, JAN 26 1886 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Jan. 13th, 1886
4. *Place of Birth, (Street and Number)*	657 Hanover St.
5. *Full Name of Mother,*	Bettie Jones
6. *Mother's Maiden Name,*	Kinderwater
7. *Mother's Birthplace,*	Md.
8. *Full Name of Father,*	John Wesley Jones
9. *Father's Occupation,*	Brick-burner
10. *Father's Birthplace,*	Md.
Name of Medical Attendant, or other Person who makes this Return.	Robert S. Lowe, M. D.
Address,	983 Light St.
Remarks,	

, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH

8452

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2d
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	January 13. 1886
4. *Place of Birth, (Street and Number)*	Hull St Locust Point
5. *Full Name of Mother,*	Elizabeth Watson
6. *Mother's Maiden Name,*	Elizabeth White
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	George Watson
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Mrs Ettel
Address,	N 13 Cuba St
Remarks,	Baltimore

HEALTH DEPARTMENT
JAN 20 1886
BALTIMORE MD.

be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

y & Co., City Printers and Stationers.

RETURN OF A BIRTH

8445 3

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
JAN 22 1886
BALTIMORE MD

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st B.

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, 13th Jany 1886

4. Place of Birth, (Street and Number) 172 E. Chase St.

5. Full Name of Mother, Elizabeth C. Adams

6. Mother's Maiden Name, Constantine

7. Mother's Birthplace, Balto.

8. Full Name of Father, John Quincy Adams.

9. Father's Occupation, Clerk

10. Father's Birthplace, Balto.

Name of Medical Attendant, or other Person who makes this Return H. W. Ormrop

Address, 364 Madison Ave

Remarks,

NY & CO., CITY PRINTERS AND STATIONERS.

84454

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, JAN 16 1886 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10

1. Sex, (state whether male or female) Boi
2. Race or Color, (if not of the white race) White
3. Date of Birth, Januar 13, 86 Spsms
4. Place of Birth, (Street and Number) 290 S Ann St
5. Full Name of Mother, Katarzyna Roteras
6. Mother's Maiden Name, Pretak
7. Mother's Birthplace, Germani
8. Full Name of Father, Crist Pretak
9. Father's Occupation,
10. Father's Birthplace, Germani

Name of Medical Attendant, or other Person who makes this Return Marie Güttner

Address, 245 S: Wolfe Street.

Remarks, to St Alphonsus Cimiti Januar 16. 86 Undertake Felix Brzkowski 215 S Ann St.

duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

TY PRINTERS AND STATIONERS.

NOTICE

The succeeding documents were received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

84455

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, JAN 16 1886 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Jan 13th 1886
4. *Place of Birth, (Street and Number)* Hanover near R Road
5. *Full Name of Mother,* Mary L Clarcy
6. *Mother's Maiden Name,* Mary L Broadley
7. *Mother's Birthplace,* Baltimore city, md
8. *Full Name of Father,* Peter Clarcy
9. *Father's Occupation,* U. S. Soldier
10. *Father's Birthplace,* Baltimore city

Name of Medical Attendant, or other Person who makes this Return. E. Hinton

Address, No 688 S Charles St

Remarks,

birth of any child shall occur within the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

John & Co., City Printers and Stationers

RETURN OF A BIRTH

81456

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
JAN
BALTIMORE MD

[redacted] Child of Mother, (state whether 1st, 2d, 3d, &c.) Regena Gibbs

1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race) Colored.
3. Date of Birth, Wednesday January 13 th
4. Place of Birth, (Street and Number) 48 Low St
5. Full Name of Mother, Carrie Jackson
6. Mother's Maiden Name, Carrie Gibbs
7. Mother's Birthplace, Washington DC.
8. Full Name of Father, William Gibbs
9. Father's Occupation, Cook
10. Father's Birthplace, King George Co Va

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

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RETURN OF A BIRTH,

81457

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT, JAN 16 188[illegible] BALTIMORE [illegible]

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* Wednesday Jan 13th 1886
4. *Place of Birth, (Street and Number)* No 84 Wilhelm St
5. *Full Name of Mother* Minnie Doering
6. *Mother's Maiden Name* Minnie Potter
7. *Mother's Birthplace* Baltimore Md.
8. *Full Name of Father* Wilhelm Doering
9. *Father's Occupation* Shoemaker
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Catherine Doll

Address No 57 Bantalee St

Remarks

Name of the mother of such child or children.

RETURN OF A BIRTH

82458

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) Dollars for each offense to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3 Child
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	Jan 13 1886
4. *Place of Birth, (Street and Number)*	118 Johnson st
5. *Full Name of Mother,*	Anna Trusheim
6. *Mother's Maiden Name,*	Ziegler
7. *Mother's Birthplace,*	America
8. *Full Name of Father,*	Eberhard Trusheim
9. *Father's Occupation,*	Cigar maker
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other Person who makes this Return.	J. Lohmaier Midwife
Address,	330 Hanover st
Remarks,	

Co. City Printers and Stationers.

84459

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10 the

1. Sex, (state whether male or female) Boj
2. Race or Color, (if not of the white race) Withe
3. Date of Birth, 13 Januar
4. Place of Birth, (Street and Number) 290 Ann Street
5. Full Name of Mother, Katharina Kothera
6. Mother's Maiden Name, Trzećiak
7. Mother's Birthplace, Gniezno Germany
8. Full Name of Father, Kristof Trzećiak
9. Father's Occupation, — — — —
10. Father's Birthplace, Wongrowiec — — —

Name of Medical Attendant, or other Person who makes this Return Marie Güttner

Address, 245 S: Wolfe Street.

Remarks,

HEALTH DEPARTMENT, JAN 14 1886 BALTIMORE, MD.

duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

Y PRINTERS AND STATIONERS.

84460

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, JAN 14 1886 BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3d

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* 13 of January 1886
4. *Place of Birth, (Street and Number)* 125 Biddle St
5. *Full Name of Mother,* Franziska Voigt
6. *Mother's Maiden Name,* Franziska Fabel
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Herman Voigt
9. *Father's Occupation,* Labor
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs Christina Sauer

Address, 173 Hurford Ave

Remarks, 1886.

be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH

82461

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th Child

1. Sex, (state whether male or female) Girl

2. Race or Color, (if not of the white race) White.

3. Date of Birth, 13th of January 1886

4. Place of Birth, (Street and Number) 10 South Caroline Street

5. Full Name of Mother, Margann Galger.

6. Mother's Maiden Name, Margann Flannery.

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Michael Flannery.

9. Father's Occupation, Plasterer.

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. Crescintia Kunkel

Address, 77 North Chapel st. per Justina Kunkel

Remarks, Healthy.

HEALTH DEPARTMENT
JAN 14 1886
BALTIMORE, MD.

be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

& Co., City Printers and Stationers.

Awe 84462

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Barbara Vogel

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3 the

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) White
3. Date of Birth 13 of January
4. Place of Birth, (Street and Number) 149 Madyson
5. Full Name of Mother, Anna Vogel
6. Mother's Maiden Name, = Schmidt
7. Mother's Birthplace, Balt
8. Full Name of Father, John Vogel
9. Father's Occupation, Farm Worker
10. Father's Birthplace, Balt

Name of Medical Attendant, or other Person who makes this Return. Mrs L. Weiss

Address,

Remarks,

HEALTH DEPARTMENT, JAN 18 1886, BALTIMORE, MD.

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

...lby & Co., City Printers and Stationers.

RETURN OF A BIRTH

8246 B

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Thursday Jan 14th. 86.

4. Place of Birth, (Street and Number) 29 Forest Place

5. Full Name of Mother, Alverda Sibsley

6. Mother's Maiden Name, Alverda Woodward

7. Mother's Birthplace, Balto. Co. Md

8. Full Name of Father, Joshua ~~Woodward~~ Sisley

9. Father's Occupation, Employed W. Maryland R.R. Co.

10. Father's Birthplace, Balto Co. Md

Name of Medical Attendant, or other Person who makes this Return. Wilmer Brinton M.D.

Address, Chas St & Forest Place

Remarks,

HEALTH DEPARTMENT, FEB 6 1886, BALTIMORE, MD.

for each offense to be recovered as other fines and forfeitures are recoverable.

...o., City Printers and Stationers.

RETURN OF A BIRTH

84464

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT, JAN 29 1886 BALTIMORE, MD

No. 4th Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Jan 14th 1886.

4. Place of Birth, (Street and Number) 374 West St.

5. Full Name of Mother, Mary C Lessner

6. Mother's Maiden Name, " " Jenkins

7. Mother's Birthplace, Balto

8. Full Name of Father, Harry H Lessner

9. Father's Occupation, Glass Blower

10. Father's Birthplace, Balto.

Name of Medical Attendant, or other Person who makes this Return Alfred M. Belt M.D.

Address, 128 Cathedral St.

Remarks,

& CO., CITY PRINTERS AND STATIONERS

84465

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
FEB 2 1886
BALTIMORE MD

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d.

Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, January 14th

4. Place of Birth, (Street and Number) N. E. Cor. Columbia Ave & Fremont St

5. Full Name of Mother, Mary Chance

6. Mother's Maiden Name, Meeken

7. Mother's Birthplace, Virginia.

8. Full Name of Father, John Chance

9. Father's Occupation, Laborer

Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. Jno. H. Elderdice

Address, N.E. Cor. Columbia Ave & Fremont St.

Remarks, Child in good physical condition & living

or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine or fine (or a) fine for each offence to be recovered as other fines and forfeitures are recoverable.

Co. City Printers and Stationers

84466

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
JAN 20 1886
BALTIMORE MD

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd "

1. *Sex (state whether male or female)* Male
2. *Race or Color (if not of the white race)* colored
3. *Date of Birth* Jan 14/86
4. *Place of Birth (Street and Number)* 22 St Mary St
5. *Full Name of Mother* Betty Neal
6. *Mother's Maiden Name* " Young
7. *Mother's Birthplace* Va "
8. *Full Name of Father* Robert Neal
9. *Father's Occupation* Stevedore
10. *Father's Birthplace* Culpeper Va

Name of Medical Attendant, or other Person who makes this Return. H J Coffroth M.D.

Address 208 W. Biddle St

Remarks

RETURN OF A BIRTH.

84467

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) First child

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) white

3. Date of Birth Jany 14/86

4. Place of Birth, (Street and Number) 109 S. washington

5. Full Name of Mother, Emma Stewart

6. Mother's Maiden Name, Emma Hardy

7. Mother's Birthplace, Baltimore

8. Full Name of Father, William Stewart

9. Father's Occupation, Clerk

10. Father's Birthplace, Worchester Co. Md.

Name of Medical Attendant, or other Person who makes this Return. R. W. Mansfield M. D.

Address, 90 So Broadway

Remarks,

HEALTH DEPARTMENT JAN 21 1886 BALTIMORE MD

If persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH.

84468

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
JAN 15 1886
BALTIMORE MD

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) .....

1. *Sex (state whether Male or ~~Female~~)* .....
2. *Race or Color (if not of the ~~white~~ race)* Colard
3. *Date of Birth* January 14 1886
4. *Place of Birth (Street and Number)* No 36 Davis St Baltimor City Md
5. *Full Name of Mother* Cathrin Sutton
6. *Mother's Maiden Name* Cathrin. Cruk
7. *Mother's Birthplace* Baltimor City Md
8. *Full Name of Father* Parry Sutton
9. *Father's Occupation* Hack man
10. *Father's Birthplace* Baltimor City Md

Name of Medical Attendant, or other Person who makes this Return. F Cruk Md

Address No 36 Davis St

Remarks non

of the parents, and the maiden name of the mother of such child or children.

NOTICE

The succeeding document was received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

RETURN OF A BIRTH

8469

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, JAN 16 1886 BALTIMORE MD.

1. *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 4th
2. *Sex, (state whether male or female)* Female
3. *Race or Color, (if not of the white race)* White
4. *Date of Birth,* Jan 14th 1886
5. *Place of Birth, (Street and Number)* No 716 Hanover st
6. *Full Name of Mother,* Emma County
7. *Mother's Maiden Name,* Emma Carter
8. *Mother's Birthplace,* Frederic City md
9. *Father's Occupation,* Fireman B & L R
10. *Father's Birthplace,* Frederick Co md
11. *Name of Medical Attendant,* or other Person who makes this Return. E. Hinton
12. *Address,* No 650 S Charles St
13. *Remarks,*

For persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

Co. City Printers and Stationers

84470

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Feminine Gender
2. *Race or Color, (if not of the white race)* Caucasian Race
3. *Date of Birth* Jan. 14th 1886 at 3-10 A.M.
4. *Place of Birth, (Street and Number)* 118 St. Paul St. Baltimore Md.
5. *Full Name of Mother,* Maggie White Scarff
6. *Mother's Maiden Name,* Maggie White
7. *Mother's Birthplace,* Richmond Virginia
8. *Full Name of Father,* Charles Reid Scarff
9. *Father's Occupation,* Grain Commission Merchant
10. *Father's Birthplace,* Sunny Side - Harford County - Maryland

Name of Medical Attendant, or other Person who makes this Return. J. St. Scarff Md

Address, Cor. Charles & Centre St

Remarks, Probono Publico

HEALTH DEPARTMENT, JAN 16 1886 BALTIMORE, MD.

...be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH 84471

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Balto Jan 15th 1886.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Balto Jan 4th 1885
4. Place of Birth, (Street and Number) 33 Caroline St.
5. Full Name of Mother, Sophie Stumph.
6. Mother's Maiden Name, Sophie Decker
7. Mother's Birthplace, Germany
8. Full Name of Father, John Stumph.
9. Father's Occupation, Restaurant
10. Father's Birthplace, Germany.

Name of Medical Attendant, or other Person who makes this Return. Mrs Mary Amend.

Address, 137 South Wolfe St.

Remarks,

HEALTH DEPARTMENT, JAN 16 1886 BALTIMORE, MD.

...or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

...Co., City Printers and Stationers.

RETURN OF A BIRTH

8447

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Balto Jan 15th 1886

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) White
3. Date of Birth, Balto Jan 14th 1886
4. Place of Birth, (Street and Number) 71 Gough Street
5. Full Name of Mother, Carolina Weber.
6. Mother's Maiden Name, Carolina Kurtz.
7. Mother's Birthplace, America
8. Full Name of Father, Henry Weber.
9. Father's Occupation, Laborer.
10. Father's Birthplace, America.

Name of Medical Attendant, or other Person who makes this Return. Mrs. Mary Amend.

Address, 137 South Wolfe St

Remarks, M

HEALTH DEPARTMENT JAN 16 1886 BALTIMORE, MD.

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH

8447 63

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
JAN 16 1886
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th Child

1. Sex, (state whether male or female) Boy

2. Race or Color, (if not of the white race) White

3. Date of Birth, 14th of January 1886

4. Place of Birth, (Street and Number) 171 North Wolf street

5. Full Name of Mother, Francis Polate

6. Mother's Maiden Name, Frances Ann Gimmerson

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Robert A. Gimmerson

9. Father's Occupation, Copper

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. Crescintia Kunkel

Address, 71 North Chapel street for Justina Kunkel

Remarks, Healthy

Persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH

824474

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, JAN 18 1886 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Forth Child.

Sex, (state whether male or female) Female.

2. Race or Color, (if not of the white race) White.

3. Date of Birth, Jan. 14 1886.

4. Place of Birth, (Street and Number) 90 Lancaster St.

5. Full Name of Mother, Mary Jane Kues.

6. Mother's Maiden Name, Dunnigan.

7. Mother's Birthplace, Baltimore.

8. Full Name of Father, Fredrick Kues.

9. Father's Occupation, Foreman in a can Shop.

Father's Birthplace, Baltimore.

Name of Medical Attendant, or other Person who makes this Return. Mrs Wiley.

Address, # 12 Patterson Park Ave.

Remarks,

for each offense to be recovered as other fines and forfeitures are recoverable.

City Printers and Stationers

RETURN OF A BIRTH 82475

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
JAN 19 1886
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

● Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, 14th January

4. Place of Birth, (Street and Number) No 60 S. Castle street.

5. Full Name of Mother, Susie Griffin

6. Mother's Maiden Name, Susie Doe

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Patrick Griffin

9. Father's Occupation, Sailor

● Father's Birthplace, Ireland

Name of Medical Attendant, or other Person who makes this Return. Dr. E. Fray

Address, 193 S. Chester st.

Remarks, Healthy Child.

for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

84476

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
JAN 18 1886
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 Child.

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Jan 14 1886.
4. *Place of Birth, (Street and Number)* 95 Battery Av.
5. *Full Name of Mother,* Susana Schmidt.
6. *Mother's Maiden Name,* Bosmann.
7. *Mother's Birthplace,* America.
8. *Full Name of Father,* John Schmidt.
9. *Father's Occupation,* Ship schreiner.
10. *Father's Birthplace,* America.

Name of Medical Attendant, or other Person who makes this Return. J. Schwasser Midwife.

Address, 330 Hanover st.

Remarks,

be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH. 84477

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* 18 Day of January 18/86
4. *Place of Birth, (Street and Number)* No. 50 Hill St
5. *Full Name of Mother,* Mary Stuck
6. *Mother's Maiden Name,* Mary Calleghan
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Stone Cutter
9. *Father's Occupation,* Charles Stuck
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Sabina Greshaber

Address, No. 128 West St

Remarks,

be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

rphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First (1st)

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Jan 14th 1886
4. Place of Birth, (Street and Number) Aisquith street 4 doors North of Hoffman
5. Full Name of Mother, Annie Elizabeth Seitz
6. Mother's Maiden Name, " " Morgan
7. Mother's Birthplace, Baltimore City
8. Full Name of Father, John George Seitz
9. Father's Occupation, Market Huckster
10. Father's Birthplace, Baltimore County

Name of Medical Attendant, or other Person who makes this Return Dr. James E. Whiteford,

Address, 125 Aisquith Street, Baltimore, Md.

Remarks,

HEALTH DEPARTMENT, JAN 18 1886 BALTIMORE, MD.

should no other person be in attendance upon the mother, immediately thereafter, it shall then be the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 24479

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth no 2 little paca st
4. Place of Birth, (Street and Number) ~~Mary~~ Jan 14th 1886
5. Full Name of Mother, Mary W Hathins
6. Mother's Maiden Name, Mary Halligan
7. Mother's Birthplace, Ireland
8. Full Name of Father, Harry w hathins
9. Father's Occupation, Sweeper
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. Scholottie Williams

Address, 164 S Howard st

Remarks, five dollars

HEALTH DEPT. JAN 23 18[illegible] BALTIMORE

be in attendance upon the mother, immediately thereafter it shall become the duty of the ... report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH 84480

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* 14th Jan 1886

4. *Place of Birth, (Street and Number)* 91 Pearl St

5. *Full Name of Mother,* Ida Thompson

6. *Mother's Maiden Name,* Ida Mason

7. *Mother's Birthplace,* Washington Ky

8. *Full Name of Father,* Conrad Thompson

9. *Father's Occupation,* Artist

10. *Father's Birthplace,* London Eng

Name of Medical Attendant, or other Person who makes this Return. Mrs W. Maennel. (Midwife)

Address, No 8 Pearl Str.

Remarks,

HEALTH DEPARTMENT JAN 18 1886 BALTIMORE MD

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

84481

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, JAN 18 1886 BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth The 14 of January 1886
4. Place of Birth, (Street and Number) No 273 Central Ave
5. Full Name of Mother, Dorathia Bieroth
6. Mother's Maiden Name, Dorathia Pilger
7. Mother's Birthplace, Germany
8. Full Name of Father, John Bieroth
9. Father's Occupation, Brass Finisher
10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs Christina Seaver

Address, 173 Harford Ave

Remarks, 1886.

Birth of any child shall cause written notice, and shall be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

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84482

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, JAN 26 1886 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* Jan 15, 1886
4. *Place of Birth, (Street and Number)* Cross St No 64
5. *Full Name of Mother,* Martha Reibert
6. *Mother's Maiden Name,* Martha Dittmar
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Henry Reibert
9. *Father's Occupation,* Journeyman tailor
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs Hunter

Address, 21 N Poppelton St

Remarks,

[illegible] report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

[illegible] & Co., City Printers and Stationers.

RETURN OF A BIRTH. 24483

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth Jan. 15th 1886
4. Place of Birth, (Street and Number) 27 Front st.
5. Full Name of Mother, Rose Frank
6. Mother's Maiden Name,
7. Mother's Birthplace, Russia
8. Full Name of Father, Morris Frank
9. Father's Occupation, Shoe-maker
10. Father's Birthplace, Russia

Name of Medical Attendant, or other Person who makes this Return. Mrs. E. Bernstein

Address, 41 S. Exeter st.

Remarks,

HEALTH DEPARTMENT
JAN 27 1886
BALTIMORE MD.

be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH 84484

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT, JAN 20 1886 BALTIMORE MD

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 Child

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, January 15th 1886

4. Place of Birth, (Street and Number) No 15 Cole St Baltimore Md

5. Full Name of Mother, Rieker Spear

6. Mother's Maiden Name, Rieker Heck

7. Mother's Birthplace, Germany

8. Full Name of Father, Otto Spear

9. Father's Occupation, Laborer

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return Miss Mary Ann Graning

Address, No 46 South Parrish St Balto Md

Remarks, Mother and Child are doing well

PRINTERS AND STATIONERS

RETURN OF A BIRTH

84485

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
JAN 20 1886
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th.

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* January 15
4. *Place of Birth, (Street and Number)* Tousend St Locust Point
5. *Full Name of Mother,* Catheren Reeden
6. *Mother's Maiden Name,* Catheren McGuer
7. *Mother's Birthplace,* Irland
8. *Full Name of Father,* Mat Reeden
9. *Father's Occupation,* Labear
10. *Father's Birthplace,* Irland

Name of Medical Attendant, or other Person who makes this Return. Mrs Ettel

Address, No 13 Cula St

Remarks, Baltimore

birth of any child shall occur without the attendance of a Physician or practitioner of this whery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH

84486

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
JAN 21 1886
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Second
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	January 16th 1886
4. *Place of Birth, (Street and Number)*	49 Burke St.
5. *Full Name of Mother,*	Mrs Ida Mc. Coy
6. *Mother's Maiden Name,*	Ida Funk
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Thomas Mc. Coy
9. *Father's Occupation,*	Labourer
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Mrs. R. A. Garrett
Address,	No 65 Burke St
Remarks,	

be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH

84487

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second Child

1. *Sex, (state whether male or female)* Female.
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 13th of January
4. *Place of Birth, (Street and Number)* 390. East Madison St.
5. *Full Name of Mother,* Mrs. Sarah C. Borton
6. *Mother's Maiden Name,* Sadie C. Sherwood.
7. *Mother's Birthplace,* Baltimore City
8. *Full Name of Father,* Anthony E. Barton.
9. *Father's Occupation,* Dary.
10. *Father's Birthplace,* Baltimore City

Name of Medical Attendant, or other Person who makes this Return.

Address, Mrs. Madaline Bruns.

Remarks, Chester St. No. 6.

HEALTH DEPARTMENT, JAN 25 1886 BALTIMORE, MD.

be in attendance upon the mother, immediately thereafter it shall be the duty of the person [illegible] report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH 84488

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
JAN 25 1886
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	7th child
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	January 5th 1886
4. *Place of Birth, (Street and Number)*	131 Franklin st Back
5. *Full Name of Mother,*	Appolonia Hazel
6. *Mother's Maiden Name,*	" Schwing
7. *Mother's Birthplace,*	Baltimore Md
8. *Full Name of Father,*	Philip Hazel
9. *Father's Occupation,*	Tailor
10. *Father's Birthplace,*	Baltimore Md
Name of Medical Attendant, or other Person who makes this Return.	None at the birth - D. J. E.
Address,	Clagett delivered the after
Remarks,	birth 18 hours afterwards
	J. E. Clagett MD

ET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH

~~84469~~ 84489

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) colored

3. Date of Birth, 20 15 January

4. Place of Birth, (Street and Number) 20 Holland St

5. Full Name of Mother, Philapena Hennemann

6. Mother's Maiden Name, " Conrad

7. Mother's Birthplace, Europe

8. Full Name of Father, Gustav Hennemann

9. Father's Occupation, Cabinet maker

10. Father's Birthplace, Europe

Name of Medical Attendant, or other Person who makes this Return. Mrs Rosa Illig

Address, 48 Holland St Balt

Remarks,

HEALTH DEPARTMENT
JAN 25 1886
BALTIMORE, MD.

be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH

84490

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
FEB 1886
BALTIMORE, MD.

No. of Child of Mother, (state whether ~~1st, 2d~~, 3d, &c.)

1. *Sex, (state whether male or female)*
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* January 15. 1886
4. *Place of Birth, (Street and Number)* S. Charles Street 301.
5. *Full Name of Mother,* Auguste Kuhn
6. *Mother's Maiden Name,* Kühn
7. *Mother's Birthplace,* Germania
8. *Full Name of Father,* J. A. Kuhn
9. *Father's Occupation,* Enginer
10. *Father's Birthplace,* Germania

Name of Medical Attendant, or other Person who makes this Return. Mrs Munch

Address, No 1 Leadenhall St,

Remarks,

be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH

84491

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

be in attendance upon the Mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10th Child

1. Sex, (state whether male or female) Boy

2. Race or Color, (if not of the white race) White

3. Date of Birth, 16th of January 1886

4. Place of Birth, (Street and Number) 31 North Washington street

5. Full Name of Mother, Laura Bowerside

6. Mother's Maiden Name, Laura Gross

7. Mother's Birthplace, Baltimore County

8. Full Name of Father, William Gross

9. Father's Occupation, Carpenter

10. Father's Birthplace, Charles County

Name of Medical Attendant, or other Person who makes this Return. Crescintia Kunkel

Address, 71 North Chapel street per Justina Kunkel

Remarks, Healthy

HEALTH DEPARTMENT
JAN 18 1886
BALTIMORE, MD.

y & Co., City Printers and Stationers.

RETURN OF A BIRTH. 8449

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

HEALTH DEPARTMENT
JAN 18 1886
BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1 Childe

1. *Sex*, (state whether male or female) Male
2. *Race or Color*, (if not of the white race) Color
3. *Date of Birth* The 16. of January 1886
4. *Place of Birth*, (Street and Number) 169 yark steet
5. *Full Name of Mother*, Mary dixon
6. *Mother's Maiden Name*, Mary Tubling
7. *Mother's Birthplace*, Baltimore M. D.
8. *Full Name of Father*, Stevein dixon
9. *Father's Occupation*, Work in the grain mill
10. *Father's Birthplace*, Charls Crick

Name of Medical Attendant, or other Person who makes this Return. Miley Gross

Address, 181 yark Steet

Remarks,

rphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

8249

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT, JAN 18 1886 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* W-f

3. *Date of Birth,* 1/16/86

4. *Place of Birth, (Street and Number)* 96 N. Amity

5. *Full Name of Mother,* Clara Bell Shannon

6. *Mother's Maiden Name,* " " Dr Baufr

7. *Mother's Birthplace,* Balto

8. *Full Name of Father,* M= J. Shannon

9. *Father's Occupation,* Carpenter

10. *Father's Birthplace,* Balto.

Name of Medical Attendant, or other Person who makes this Return L. L. Bitting MD

Address, 467 N. Fayette St

Remarks,

NY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

84494

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
JAN 22 1885
BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Six.

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) Colored

3. Date of Birth Jan. 16, 1885.

4. Place of Birth, (Street and Number) 214 Warner St

5. Full Name of Mother, Alice Langley

6. Mother's Maiden Name, Alice Cornish

7. Mother's Birthplace, Taylor Island. Md.

8. Full Name of Father, John Langley.

9. Father's Occupation, Hod Carr

10. Father's Birthplace, St Mary County

Name of Medical Attendant, or other Person who makes this Return. Abrild Brooks.

Address, 210 Warner St

Remarks, Doing well

be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

urphy & Co., City Printers and Stationers.

RETURN OF A BIRTH 84495

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

HEALTH DEPARTMENT JAN 22 1886 BALTIMORE MD

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, Jan. 16th 1886
4. Place of Birth, (Street and Number) 429 E Baltm
5. Full Name of Mother, Emma F. Stansbury
6. Mother's Maiden Name, Gregory
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Frank P. Stansbury
9. Father's Occupation, Varnisher
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. E. H. Hutton M.D.

Address, 51 S Broadway

Remarks,

RETURN OF A BIRTH

82496

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
JAN 18 1886
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) F

2. Race or Color, (if not of the white race) W

3. Date of Birth, 1/16/86

4. Place of Birth, (Street and Number) 796 N. Bath St

5. Full Name of Mother, Louisa Sinclair

6. Mother's Maiden Name, " Horr

7. Mother's Birthplace, Md

8. Full Name of Father, Jos. C. Sinclair

9. Father's Occupation, Merchant (Paints)

10. Father's Birthplace, Md

Name of Medical Attendant, or other Person who makes this Return L. L. Bitting M.D.

Address. 467 N. Fayette St

Remarks, L. & A. Annual

ANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 84497

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 7th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth Jan 16th 1886
4. Place of Birth, (Street and Number) 50 st mary street
5. Full Name of Mother, Josephine Starks
6. Mother's Maiden Name,
7. Mother's Birthplace, Frederick Co md
8. Full Name of Father, Isaac Starks
9. Father's Occupation, Wagon Driver
10. Father's Birthplace, Frederick County md

Name of Medical Attendant, or other Person who makes this Return. Hester Colance

Address, 39 E monument street

Remarks,

HEALTH DEPARTMENT, MAR 5 1886 BALTIMORE MD

Be in attendance upon the mother, immediately thereafter, it shall be come the duty of the person or persons of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

...phy & Co., City Printers and Stationers.

RETURN OF A BIRTH 84498

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* colored

3. *Date of Birth,* January 10/86

4. *Place of Birth, (Street and Number)* No 131 S. Bethel St

HEALTH DEPARTMENT FEB 10 1886 BALTIMORE, MD

5. *Full Name of Mother,* Ellen Robinson

6. *Mother's Maiden Name,* Miller

7. *Mother's Birthplace,* Baltimore

8. *Full Name of Father,* Robert Robinson

9. *Father's Occupation,* Laborer

10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs. Louise Kraft

Address, 142 S. Washington St.

Remarks,

& Co., City Printers and Stationers.

RETURN OF A BIRTH.

84499

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT,
FEB 11 1886
BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* Negro
3. *Date of Birth* Jan. 16th 1886
4. *Place of Birth (Street and Number)* No. 178 Preston St.
5. *Full Name of Mother* Amelia Williams
6. *Mother's Maiden Name* " Gross
7. *Mother's Birthplace* Balto. city
8. *Full Name of Father* Charles Williams
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Balto. city

Name of Medical Attendant, or other Person who makes this Return. F. B. Gardner

Address 120 N. Greene St.

Remarks

Born, its or their physical condition, whether still born or not, the full name, address, and residence of the parents, and the maiden name of the mother of such child or children.

NOTICE

The succeeding documents were received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

RETURN OF A BIRTH

$2500

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex, (state whether male or female)* Male

2. *Race or Color, (if not of the white race)*

3. *Date of Birth,*

4. *Place of Birth, (Street and Number)*

5. *Full Name of Mother,*

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,*

8. *Full Name of Father,*

9. *Father's Occupation,*

10. *Father's Birthplace,*

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks, Names of children: Edward Henry Effing
Bernard E. Effing

HEALTH DEPART

...& Co., City Printers and Stationers.

RETURN OF A BIRTH. 84501

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) ..... Fourth

1. *Sex*, (state whether male or female) ..... female
2. *Race or Color*, (if not of the white race) ..... White
3. *Date of Birth* ..... Jan 16th 1896
4. *Place of Birth*, (Street and Number) ..... 52 Duncan Alley
5. *Full Name of Mother*, ... Ana Shimanek
6. *Mother's Maiden Name*, ... Kalal
7. *Mother's Birthplace*, ... Bohemia
8. *Full Name of Father*, ... Joseph J. Shimanek
9. *Father's Occupation*, ... Black Smith
10. *Father's Birthplace*, ... Bohemia

Name of Medical Attendant, or other Person who makes this Return. ..... Josephine Conrad

Address, ... 20 Barnes St.

Remarks, ...

HEALTH DEPARTMENT FEB 1 1896 BALTIMORE MD

rphy & Co., City Printers and Stationers.

RETURN OF A BIRTH. 24502

To the Office of Registrar of Vital Statistics, Board of Health, Baltimere City.

HEALTH DEPARTMENT 1886 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	First
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth*	Jan. 16th 1886
4. *Place of Birth, (Street and Number)*	4 Barnes St
5. *Full Name of Mother,*	Anna Conpal
6. *Mother's Maiden Name,*	Kaporalek
7. *Mother's Birthplace,*	Bohemia
8. *Full Name of Father,*	Joseph Conpal
9. *Father's Occupation,*	Tinner
10. *Father's Birthplace,*	Bohemia
Name of Medical Attendant, or other Person who makes this Return.	Josephine Conrad
Address,	21 Barnes St.
Remarks,	

be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

rphy & Co., City Printers and Stationers.

RETURN OF A BIRTH. 8450 B

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
JAN 29 1886
BALTIMORE MD

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5 Child

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth January 16th 1886

4. Place of Birth, (Street and Number) Baltimore 84 Caroline St.

5. Full Name of Mother, Annie E. M. Whitehurst

6. Mother's Maiden Name, Annie M. Repka

7. Mother's Birthplace, Baltimore

8. Full Name of Father, W. F. Whitehurst

9. Father's Occupation, Waterman

10. Father's Birthplace, Norfolk Va

Name of Medical Attendant, or other Person who makes this Return. Catharine M. Bedford

Address, 141 Orleans St.

Remarks,

...

...phy & Co., City Printers and Stationers.

RETURN OF A BIRTH. 84504

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother (*state whether 1st, 2d, 3d, &c.*)	7th
1. *Sex,* (*state whether male or female*)	Female
2. *Race or Color,* (*if not of the white race*)	White
3. *Date of Birth*	16 January 1886
4. *Place of Birth,* (*Street and Number*)	34 Albert st.
5. *Full Name of Mother,*	Marie Kolecka
6. *Mother's Maiden Name,*	" " Obermorfer
7. *Mother's Birthplace,*	Bohemia
8. *Full Name of Father,*	William Kolecka
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	Bohemia
Name of Medical Attendant, or other Person who makes this Return.	Josephine Conrad
Address,	20 Barre st.
Remarks,	

rphy & Co., City Printers and Stationers.

RETURN OF A BIRTH. 84505

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
FEB 1 1886
BALTIMORE MD

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4 th.
1. *Sex, (state whether male or female)*	Female.
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth*	January. 16. 1886.
4. *Place of Birth, (Street and Number)*	No 700. W. Pratt st.
5. *Full Name of Mother,*	Konrigund Stock.
6. *Mother's Maiden Name,*	" " " " Lorens.
7. *Mother's Birthplace,*	Baltimore, Md.
8. *Full Name of Father,*	Lorens Stock.
9. *Father's Occupation,*	Dealer in Coal.
10. *Father's Birthplace,*	Kinkers, Hassen.
Name of Medical Attendant, or other Person who makes this Return.	Annie Lindner.
Address,	No 45. S. Monroe st,
Remarks,	

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH. 84506

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, FEB 11 1886, BALTIMORE MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth January 16 1886
4. Place of Birth, (Street and Number) 130 Orleans St.
5. Full Name of Mother, Louise F. Kuehler
6. Mother's Maiden Name, Kuhla
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Henry E. Kuehler
9. Father's Occupation, Barber
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mary Klein

Address, 154 E. Pratt St.

Remarks,

be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH

84507

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
JAN 22 18[illegible]
BALTIMORE MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth, Saturday January the 16 th 1886

4. Place of Birth, (Street and Number) No 469 N. Mount street Baltimore

5. Full Name of Mother, Bridged. M. Elsner

6. Mother's Maiden Name, Mc Andrew

7. Mother's Birthplace, Ireland

8. Full Name of Father, George Mb. Elsner

9. Father's Occupation, Butcher

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return. R. C. ... 16 W.

Address, 19 Woodyear street.

Remarks,

Be in attendance upon the mother, immediately hereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

Co., City Printers and Stationers.

RETURN OF A BIRTH 84508

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recovered.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex, (state whether male or female)* Girl

2. *Race or Color, (if not of the white race)* White

HEALTH DEPARTMENT JAN 21 1886 BALTIMORE MD.

3. *Date of Birth,* 16th January 1886

4. *Place of Birth, (Street and Number)* No 8 Baltimore Street

5. *Full Name of Mother,* Mrs F Barnow

6. *Mother's Maiden Name,* Miss Mary Stulp

7. *Mother's Birthplace,* Hessen Germany

8. *Full Name of Father,* Mr. Barnow

9. *Father's Occupation,* Labourer

10. *Father's Birthplace,* Born Hessen Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs Killer

Address, 1017 west Pratt st city

Remarks,

A Co., City Printers and Stationers.

RETURN OF A BIRTH 84509

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
JAN 20 1896
BALTIMORE MD

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th.

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, 16th of Jan.

4. Place of Birth, (Street and Number) 492 E. Eager St.

5. Full Name of Mother, Catherine Goodman.

6. Mother's Maiden Name, " Gordon

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Richard Goodman.

9. Father's Occupation, Stone Cutter

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mary Walters

Address, 125 N. Caroline St.

Remarks,

---

he in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

hy & Co., City Printers and Stationers.

RETURN OF A BIRTH

24510

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, January 16th

4. Place of Birth, (Street and Number) 207 Pierce Str

5. Full Name of Mother, Mrs Kate B. Franck

6. Mother's Maiden Name, Miss Katie B. Hoorpel

7. Mother's Birthplace, Carrollton

8. Full Name of Father, Mr Chas Franck

9. Father's Occupation, Clerk

10. Father's Birthplace, St Louis

Name of Medical Attendant, or other Person who makes this Return. Mrs Anna Lemiler

Address, 60 N. Schroeder St

Remarks,

HEALTH DEPARTMENT
JAN 20 1886
BALTIMORE MD

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH

84511

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, JAN 20 1886 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Jan 16th 86
4. *Place of Birth, (Street and Number)* # 125 South St.
5. *Full Name of Mother,* Mary Willmer
6. *Mother's Maiden Name,* " Vost
7. *Mother's Birthplace,* Prussia
8. *Full Name of Father,* William Willmer
9. *Father's Occupation,* Machinist
10. *Father's Birthplace,* Prussia

Name of Medical Attendant, or other Person who makes this Return. Mary Koch

Address, # 328 S Eutaw St.

Remarks,

birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or shall be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

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GIVEN NAME ADDED 9-8-54

RETURN OF A BIRTH

84512

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Minnie Cathrine Pilz

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th & 5th (twins)

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) I

3. Date of Birth, Jany 15 1886

4. Place of Birth, (Street and Number) 403 Lexington

5. Full Name of Mother, Martha Pilz

6. Mother's Maiden Name, " Gahler

7. Mother's Birthplace, Grothau

8. Full Name of Father, Theodore Pilz

9. Father's Occupation, Cutter

10. Father's Birthplace, Grothau Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs W. Maennel Midwife

Address, No. 8 Pearl Sts

Remarks,

HEALTH DEPARTMENT JAN 18 1886 BALTIMORE

be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

8457 (3

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, JAN 18 1886 BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* 15 Day of Jany 15/86
4. *Place of Birth, (Street and Number)* No. 82 Grindel St
5. *Full Name of Mother,* Mary Scully
6. *Mother's Maiden Name,* Mary Fannon
7. *Mother's Birthplace,* Ireland
8. *Full Name of Father,* Edward Scully
9. *Father's Occupation,* Painter
10. *Father's Birthplace,* Ireland

Name of Medical Attendant, or other Person who makes this Return. Sabina Greshaber

Address, No. 128 West St

Remarks,

Birth of any child shall occur without the attendance of a Physician or practitioner of that Party, or should no cause person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

84514

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JAN 18 1886 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9 Child.

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race)
3. Date of Birth, Jan 15 — 1886
4. Place of Birth, (Street and Number) 601 Hanover st.
5. Full Name of Mother, Maria Schulz.
6. Mother's Maiden Name, Hilsmann
7. Mother's Birthplace, America.
8. Full Name of Father, Albert Schulz.
9. Father's Occupation, Showcase maker.
10. Father's Birthplace, America.

Name of Medical Attendant, or other Person who makes this Return. J. Lohwasser. Midwife.

Address, 330 Hanover st.

Remarks,

be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

& Co., City Printers and Stationers.

RETURN OF A BIRTH. 84575

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) White.
3. Date of Birth Jan 15. 1886.
4. Place of Birth, (Street and Number) 88 N. Gouin,
5. Full Name of Mother, Mary E. Dawson
6. Mother's Maiden Name, " " Gouin.
7. Mother's Birthplace, Md.
8. Full Name of Father, Charles F Dawson
9. Father's Occupation, Employee John's Hopkins.
10. Father's Birthplace, Md.

Name of Medical Attendant, or other Person who makes this Return. Dr Morgan.

Address, 119 N Monument St

Remarks,

HEALTH DEPARTMENT JAN 19 1886 BALTIMORE, MD.

Murphy & Co., City Printers and Stationers.

84516

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7 head of children

1. *Sex, (state whether male or female)* male color
2. *Race or Color, (if not of the white race)* 15 ganuary
3. *Date of Birth,* 11 Stockholm St
4. *Place of Birth, (Street and Number)* Mary Johnson
5. *Full Name of Mother,*
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Richmond Va
8. *Full Name of Father,* alex hopkins
9. *Father's Occupation,* Brick maker
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mist 20 Stockholm St

Address, As Well Bary is well

Remarks,

HEALTH DEPARTMENT, JAN 19 1886 BALTIMORE, MD.

birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be re[illegible]d as other fines and forfeitures are recoverable.

[illegible]phy & Co., City Printers and Stationers.

GIVEN NAME ADDED 6-2-52

24517

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

William Edward Fowler

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) One [illegible]

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth Jan 15 1946
4. Place of Birth, (Street and Number) 17 Castle St
5. Full Name of Mother, Annie Fowler
6. Mother's Maiden Name, Annie Fuller
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Julius F. Fowler
9. Father's Occupation, Labor
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. Lucinda Woodard

Address, 130 Register St

Remarks,

HEALTH DEPARTMENT [illegible] BALTIMORE MD

be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be [illegible]ered as other fines and forfeitures are recoverable.

urphy & Co., City Printers and Stationers.

NOTICE

The succeeding documents were received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

84518

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
FEB 23 1886
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Jan 15th 1886
4. *Place of Birth, (Street and Number)* No 212 Burgundy Alt
5. *Full Name of Mother,* Sophie Kaiser
6. *Mother's Maiden Name,* Sophie Peters
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Friedolin Kaiser
9. *Father's Occupation,* Lock Smith
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs Bange

Address, 926 Cross street

Remarks,

be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

& Co., City Printers and Stationers.

RETURN OF A BIRTH

84519

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th child

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 15th of January
4. *Place of Birth, (Street and Number)* Baltimore Md. No 531 Fredick St
5. *Full Name of Mother,* Angluar Barsotti
6. *Mother's Maiden Name,* Angluar Fureschi
7. *Mother's Birthplace,* Italy Valico
8. *Full Name of Father,* Jacob Barsotti
9. *Father's Occupation,* Fruit dealer
10. *Father's Birthplace,* Italy Valico

Name of Medical Attendant, or other Person who makes this Return. Wm. Weiss Hebamme

Address, No 28 N. Sirick St Baltimore

Remarks, W.C.

HEALTH DEPARTMENT FEB 7 86 BALTIMORE MD.

...he in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

...y & Co., City Printers and Stationers.

RETURN OF A BIRTH

84520

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* January the 15th 1886
4. *Place of Birth, (Street and Number)* Ramsey st No 969
5. *Full Name of Mother,* Josephine F Muller
6. *Mother's Maiden Name,* Josephine France
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Charles F Muller
9. *Father's Occupation,* Adams express Messenger
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs S Kelley

Address, No 797 Pratt st

Remarks,

HEALTH DEPARTMENT FEB 2 1886 BALTIMORE, MD

birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be re[illegible]ed as other fines and forfeitures are recoverable.

[illegible]hy & Co., City Printers and Stationers.

84521

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
FEB 2 1886
BALTIMORE MD

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d.

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White.
3. *Date of Birth,* January 15th.
4. *Place of Birth, (Street and Number)* 34 Ridgley St.
5. *Full Name of Mother,* Mary Wahl
6. *Mother's Maiden Name,* Eichner
7. *Mother's Birthplace,* New York City.
8. *Full Name of Father,* Edward Wahl.
9. *Father's Occupation,* Varnisher.
10. *Father's Birthplace,* New York City.

Name of Medical Attendant, or other Person who makes this Return. Irvin S. Alderdice

Address, N.E. Cor. Columbia Ave & Remont St

Remarks, Child in good physical condition & living

be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

...hy & Co. City Printers and Stationers.

RETURN OF A BIRTH. 84522

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 13th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* Jan. 15th 1886
4. *Place of Birth, (Street and Number)* #202 N. Front St.
5. *Full Name of Mother,* Alice Hennessip
6. *Mother's Maiden Name,* " Lyons
7. *Mother's Birthplace,* Ireland
8. *Full Name of Father,* John Hennessip
9. *Father's Occupation,* Boiler Maker
10. *Father's Birthplace,* Ireland

Name of Medical Attendant, or other Person who makes this Return. Mrs. Dena Hillegust

Address, #182 E Monument St

Remarks,

HEALTH DEPARTMENT FEB 3 1886 BALTIMORE, MD

birth of any child shall occur without the attendance of a Physician, he shall be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

urphy & Co., City Printers and Stationers.

RETURN OF A BIRTH.

84523

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, FEB 4 1886 BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd Child

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) W

3. Date of Birth January 15th 1886

4. Place of Birth, (Street and Number) #55 Portland St

5. Full Name of Mother, Maria Adelheid Scholing

6. Mother's Maiden Name, " " Yellmann

7. Mother's Birthplace, City of Baltimore, Md.

8. Full Name of Father, Dietrich Wilhelmm Scholing

9. Father's Occupation, Laborer

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs Seebach

Address, 437 W Pratt Street

Remarks,

birth of any child shall occur without the attendance of a physician or midwife, it shall become the duty of the person or parents of such child, to be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

urphy & Co., City Printers and Stationers.

84134

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth, 15 Januar 1886
4. Place of Birth, (Street and Number) 79 Scheestr City
5. Full Name of Mother, Bertha Fuchs
6. Mother's Maiden Name, Bertha Steil
7. Mother's Birthplace, Kirchberg Preussen Germanie
8. Full Name of Father, Heinrich Fuchs
9. Father's Occupation, Bäker
10. Father's Birthplace, Kirchberg Preussen Germanie

Name of Medical Attendant, or other Person who makes this Return Anna Schneikart

Address, N. 576 Lombartst.

Remarks, noten

HEALTH DEPARTMENT, FEB 7 1886 BALTIMORE, MD.

birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons [illegible] shall hereafter fail to comply with the provisions of [illegible] section shall be subject to a fine of ten dollar[illegible] each offence, to be recovered as other fines and pena[illegible]re recoverable.

[illegible], CITY PRINTERS AND STATIONERS.

CERTIFICATE CORRECTED 12-8-5-8

84525

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

William Rudolph Johnson

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Jan 15th 1896

4. Place of Birth, (Street and Number) 1014 Brown Court

5. Full Name of Mother, ~~Augusta Johnson~~ Augusta Johnson

6. Mother's Maiden Name, Augusta Kunstein

7. Mother's Birthplace, Germany

8. Full Name of Father, Rudolph ~~Johnson~~

9. Father's Occupation, Butcher

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return. E Duncan

Address, No 827 Lombard St

Remarks, 14 N

HEALTH DEPARTMENT
JAN 29 1896
BALTIMORE, MD.

Be in attendance upon the mother, and shall report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

& Co., City Printers and Stationers.

NOTICE

The succeeding documents were received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

RETURN OF A BIRTH. 84126

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

be in attendance upon the mother, immediately thereafter it shall be the duty of the [illegible] report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother (*state whether 1st, 2d, 3d, &c.*) 4

1. *Sex*, (*state whether male or female*) Male
2. *Race or Color*, (*if not of the white race*) White
3. *Date of Birth* Jan 16 1886.
4. *Place of Birth*, (*Street and Number*) 18 Hill St.
5. *Full Name of Mother*, Mary Ryan
6. *Mother's Maiden Name*, Flynn
7. *Mother's Birthplace*, Baltimore
8. *Full Name of Father*, Martin Ryan
9. *Father's Occupation*, Car Driver
10. *Father's Birthplace*, Baltimore

Name of Medical Attendant, or other Person who makes this Return. Wm. Scarbrough.

Address, 220 Montgomery St.

Remarks,

HEALTH DEPARTMENT
JAN 19 1886
BALTIMORE, MD.

...rphy & Co., City Printers and Stationers.

RETURN OF A BIRTH.

82527

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* Jan 16 1886
4. *Place of Birth, (Street and Number)* 193 Eutaw St.
5. *Full Name of Mother,* Catherine Gilley
6. *Mother's Maiden Name,* McGee.
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* William Theadore Gilley
9. *Father's Occupation,* Engineer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs. Scarborough

Address, 220 Montgomery St.

Remarks,

HEALTH DEPARTMENT, JAN 19 1886 BALTIMORE, MD.

be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons who
report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person
or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars
for each offence to be recovered as other fines and forfeitures are recoverable.

urphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

84528

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Collord
3. *Date of Birth,* January 16 - 1885
4. *Place of Birth, (Street and Number)* Baltimore no 40 richmond st
5. *Full Name of Mother,* alias oneal
6. *Mother's Maiden Name,* alias millard
7. *Mother's Birthplace,* St morris County
8. *Full Name of Father,* James oneal
9. *Father's Occupation,* Porter
10. *Father's Birthplace,* St morris County

Name of Medical Attendant, or other Person who makes this Return. Sarah duvall

Address, no 9 Jasper St Baltimore md

Remarks,

HEALTH DEPARTMENT, JAN 18 1886 BALTIMORE, MD.

be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

& Co., City Printers and Stationers.

RETURN OF A BIRTH

84529

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
JAN 25 1866
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* January the 17th
4. *Place of Birth, (Street and Number)* Baltimore William St No 232
5. *Full Name of Mother,* ann M gardner
6. *Mother's Maiden Name,* Connox
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* william H gardner
9. *Father's Occupation,* Stove Molder
10. *Father's Birthplace,* pennsylvania

Name of Medical Attendant, or other Person who makes this Return. Elisabeth Hathorn

Address, light St No 532

Remarks,

...be in attendance upon the mother, immediately thereafter [illegible] report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

...& Co., City Printers and Stationers.

RETURN OF A BIRTH

84530

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Jany 17/86
4. *Place of Birth, (Street and Number)* 293 Hollins St
5. *Full Name of Mother,* Mary A Sherbert
6. *Mother's Maiden Name,* " " Ritter
7. *Mother's Birthplace,* City
8. *Full Name of Father,* Thos C Sherbert
9. *Father's Occupation,* Cigar Maker
10. *Father's Birthplace,* Md

Name of Medical Attendant, or other Person who makes this Return. Jno D Blakewood

Address, 158 Paca St

Remarks,

HEALTH DEPARTMENT, APR 7 1886 BALTIMORE, MD.

be in attendance upon the mother, immediately thereafter is [illegible] report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

& Co., City Printers and Stationers.

RETURN OF A BIRTH

82531

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
JAN 26 1886
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d Child.

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth, Jan 17 1886.

4. Place of Birth, (Street and Number) 695 ~~Eutaw~~ Hanover st.

5. Full Name of Mother, Anna Stulz

6. Mother's Maiden Name, Wagner.

7. Mother's Birthplace, America.

8. Full Name of Father, Fred Stulz

9. Father's Occupation, Book keeper.

10. Father's Birthplace, America.

Name of Medical Attendant, or other Person who makes this Return. J. Schwasser. Midwife.

Address, 330 Hanover st.

Remarks,

report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

& Co., City Printers and Stationers.

RETURN OF A BIRTH

21532

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3 Child
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	
3. Date of Birth,	January 26 1886
4. Place of Birth, (Street and Number)	294 Charles st.
5. Full Name of Mother,	Maria Martin
6. Mother's Maiden Name,	Stegmiller
7. Mother's Birthplace,	Germany
8. Full Name of Father,	John Martin
9. Father's Occupation,	Blacksmith
10. Father's Birthplace,	Germany
Name of Medical Attendant, or other Person who makes this Return.	J. Lehmaier M.D.
Address,	330 Hanover st.
Remarks,	

HEALTH DEPARTMENT
JAN 26 1886
BALTIMORE

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

& Co., City Printers and Stationers.

RETURN OF A BIRTH

84/5363

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
JAN 26 1886
BALTIMORE MD

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First Child

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, January 17/1886

4. Place of Birth, (Street and Number) Bunk 64.

5. Full Name of Mother, Tillie Weinschein

6. Mother's Maiden Name, Tillie Spenner

7. Mother's Birthplace, Baltimore

8. Full Name of Father, J. Georg. Weinschein

9. Father's Occupation, Driver

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs. Wiley.

Address, 12 Patterson Park Ave,

Remarks,

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

& Co., City Printers and Stationers.

RETURN OF A BIRTH

27,534

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d.

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) White

3. Date of Birth, January 17 1886.

4. Place of Birth, (Street and Number) 149 Mosher St.

5. Full Name of Mother, Katie B. Foy

6. Mother's Maiden Name, Hall

7. Mother's Birthplace, Balto. City

8. Full Name of Father, Daniel S. Foy

9. Father's Occupation, Salesman

10. Father's Birthplace, Pa.

Name of Medical Attendant, or other Person who makes this Return J. H. Christian M.D.

Address, 506 Mad. Ave.

Remarks,

HEALTH DEPARTMENT
JAN 20 1886
BALTIMORE, MD.

CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

84535

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

be in attendance upon the mother, immediately after the birth, and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth* January 18 1886

4. *Place of Birth, (Street and Number)* 71 Forest

5. *Full Name of Mother,* Anne S. Lyell

6. *Mother's Maiden Name,* " " Matie

7. *Mother's Birthplace,* Balto

8. *Full Name of Father,* R. J Lyell

9. *Father's Occupation,* Salesman

10. *Father's Birthplace,* Va

Name of Medical Attendant, or other Person who makes this Return. D. Shultz M.D.

Address, 143 N. Eutaw

Remarks,

HEALTH DEPARTMENT, JAN 20 1886, BALTIMORE, MD.

rphy & Co., City Printers and Stationers.

NOTICE

The succeeding documents were received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

RETURN OF A BIRTH

24136

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

be in attendance upon the mother immediately thereafter it shall become the duty of the [illegible] to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5 d.

1. *Sex, (state whether male or female)* Male.
2. *Race or Color, (if not of the white race)* White.
3. *Date of Birth,* January.
4. *Place of Birth, (Street and Number)* No. 506. Light St.
5. *Full Name of Mother,* Lizzie Broschel.
6. *Mother's Maiden Name,* Leiman
7. *Mother's Birthplace,* Balto. Md.
8. *Full Name of Father,* Henry Broschel.
9. *Father's Occupation,* Butcher.
10. *Father's Birthplace,* Balto. Md.

Name of Medical Attendant, or other Person who makes this Return. Annie Geems.

Address, 634 Light St.

Remarks,

HEALTH DEPARTMENT JAN 21 1886 BALTIMORE, MD.

y & Co., City Printers and Stationers.

RETURN OF A BIRTH

84537

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 Child

1. *Sex, (state whether male or female)* Little Girl
2. *Race or Color, (if not of the white race)* White Race
3. *Date of Birth,* Born January 17 21 1881
4. *Place of Birth, (Street and Number)* S. E. cor Payson & Wilhamt
5. *Full Name of Mother,* Mrs. Scharf
6. *Mother's Maiden Name,* Miss Lena Kittle
7. *Mother's Birthplace,* Born Baltimore
8. *Full Name of Father,* Mr John Scharf
9. *Father's Occupation,* Black Smith
10. *Father's Birthplace,* Mont Keim Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs Killer

Address, 1017 west Pratt st city

Remarks,

HEALTH DEPARTMENT JAN 21 1881 BALTIMORE, MD.

be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons who shall report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

& Co., City Printers and Stationers.

RETURN OF A BIRTH. 24508

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

be in attendance upon the mother, immediately thereafter it shall become the duty of the person so in attendance to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2d Child

1. *Sex*, (state whether male or female) Male

2. *Race or Color*, (if not of the white race) Colored Race

3. *Date of Birth* January 17, 1886

4. *Place of Birth*, (Street and Number) 42 Mulliken St

5. *Full Name of Mother*, Mary Scott

6. *Mother's Maiden Name*, Ida Ferguson

7. *Mother's Birthplace*, Baltimore

8. *Full Name of Father*, Solym Scott

9. *Father's Occupation*, Laborer

10. *Father's Birthplace*, Petersburg

Name of Medical Attendant, or other Person who makes this Return. Lucinda Mumford

Address, 130 Regester St

Remarks,

HEALTH DEPARTMENT RECEIVED FEB 21 1886 BALTIMORE, MD.

urphy & Co., City Printers and Stationers.

84539

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
JAN 23 1886
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth Child

1. *Sex (state whether male or female)* Female
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* January 17th
4. *Place of Birth (Street and Number)* 96 Henrietta Street
5. *Full Name of Mother* Maggie Minnis
6. *Mother's Maiden Name* " " Douglass
7. *Mother's Birthplace* Accamac County
8. *Full Name of Father* John Minnis
9. *Father's Occupation* Oyster Shucker
10. *Father's Birthplace* Accamac Cty

Name of Medical Attendant, or other Person who makes this Return. Fannie Granby

Address 87 Leadenhall St

Remarks Doing well

name of the mother of such child or children.

84540

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
JAN 25 1886
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* ~~F~~ White
3. *Date of Birth,* 17 January
4. *Place of Birth, (Street and Number)* 49 N. Central ave
5. *Full Name of Mother,* Katie Ginter
6. *Mother's Maiden Name,* " Hess
7. *Mother's Birthplace,* Balt. Md.
8. *Full Name of Father,* Frederick Ginter
9. *Father's Occupation,* Carpet weaver
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs Rose Ulbig

Address, 48 Holland St

Remarks, Balt

be in attendance upon the mother, immediately thereafter, in such a manner, and within the period above required, and any such person report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

y & Co., City Printers and Stationers.

RETURN OF A BIRTH

84541

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, JAN 25 1886 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Jacob Nathan Freedenberg 4

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) Jewish
3. Date of Birth, 17 January
4. Place of Birth, (Street and Number) 32 Harrison St
5. Full Name of Mother, Diena ~~Friedenberg~~ Freedenberg
6. Mother's Maiden Name, " Dravinsky
7. Mother's Birthplace, Poland
8. Full Name of Father, Philipp ~~Friedenberg~~ Freedenberg
9. Father's Occupation, ~~Rob~~ Shoemaker
10. Father's Birthplace, Poland

Name of Medical Attendant, or other Person who makes this Return. Mrs Rosa Villberg

Address, 48 Holland St

Remarks, Balt

be in attendance upon the mother, immediately [illegible] within the period above required, and any such person report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

y & Co., City Printers and Stationers.

RETURN OF A BIRTH

84 S 42

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* [illegible]
2. *Race or Color, (if not of the white race)* [illegible]
3. *Date of Birth,* [illegible]
4. *Place of Birth, (Street and Number)* [illegible]
5. *Full Name of Mother,* [illegible]
6. *Mother's Maiden Name,* [illegible]
7. *Mother's Birthplace,* [illegible]
8. *Full Name of Father,* [illegible]
9. *Father's Occupation,* [illegible]
10. *Father's Birthplace,* [illegible]

Name of Medical Attendant, or other Person who makes this Return, [illegible]

Address, [illegible]

Remarks,

HEALTH DEPARTMENT
JAN 25 1886
BALTIMORE MD

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH

84543

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 mo

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Jan 17 86
4. *Place of Birth, (Street and Number)* H R Forest Co
5. *Full Name of Mother,* Henrietta Dannenberg
6. *Mother's Maiden Name,* " Weinberge
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* Augusta Dannenberg
9. *Father's Occupation,* Liquor dealer
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other Person who makes this Return. Edward P McDevitt

Address, 5 Fj Aisquith St

Remarks,

HEALTH DEPARTMENT FEB 1 1886 BALTIMORE, MD.

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

& Co., City Printers and Stationers.

RETURN OF A BIRTH

84544

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether ~~1st, 2d~~, 3d, &c.)

1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race)
3. Date of Birth, Jan 27
4. Place of Birth, (Street and Number) 246 Hamburg St
5. Full Name of Mother, Mary P Wenckel
6. Mother's Maiden Name, Mary P Wagner
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Louis C Wenckel
9. Father's Occupation, Shoemaker
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs Mundh

Address, 801 Leadenhall St,

Remarks,

HEALTH DEPARTMENT FEB 1 1886 BALTIMORE MD

be in attendance upon the Mother, [illegible] shall, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

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84545

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th Child

1. *Sex, (state whether male or female)* Male Sex
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Jan 17th 1886
4. *Place of Birth, (Street and Number)* 259 Canton Ave
5. *Full Name of Mother,* Agnes Georgeanna Bachman
6. *Mother's Maiden Name,* A. G. Wright
7. *Mother's Birthplace,* Balt. City
8. *Full Name of Father,* John Bachman
9. *Father's Occupation,* Police Officer
10. *Father's Birthplace,* Balt. City

Name of Medical Attendant, or other Person who makes this Return. James E Dwinelle MD

Address, 299 E Balt. St

Remarks,

HEALTH DEPARTMENT, FEB 9 1886 BALTIMORE, MD.

...be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons ... report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

...phy & Co., City Printers and Stationers.

RETURN OF A BIRTH

84526

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th.

1. *Sex, (state whether male or female)* Male

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* January 17th 1884

4. *Place of Birth, (Street and Number)* No 126 E. Chester St.

5. *Full Name of Mother,* Kate Best

6. *Mother's Maiden Name,* Kate Kinkly

7. *Mother's Birthplace,* Baltimore

8. *Full Name of Father,* Frederick Best

9. *Father's Occupation,* Laborer

10. *Father's Birthplace,* Philadelphia

Name of Medical Attendant, or other Person who makes this Return. H. N. Butt.

Address, 185 S.E. cor Central av. & Monument St.

Remarks, All Well

K. B.

HEALTH DEPARTMENT FEB 7 1886 BALTIMORE

report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH. 84547

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, JAN 19 1886 BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) White

3. Date of Birth Jan 17/86

4. Place of Birth, (Street and Number) 57 Clay St.

5. Full Name of Mother, Catherine Minnick

6. Mother's Maiden Name, Blacker

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Thomas H Minnick

9. Father's Occupation, Confectioner

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. Dr Morgan

Address, 114 W Monument St.

Remarks,

be in attendance upon the mother, immediately thereafter it shall become the duty of the person ... report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

urphy & Co., City Printers and Stationers.

84548

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, FEB 5 1886 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Black
3. *Date of Birth,* January 18, 1886.
4. *Place of Birth, (Street and Number)* Maternite, 161 W Lombard St.
5. *Full Name of Mother,* Alice Wheeler
6. *Mother's Maiden Name,* Do.
7. *Mother's Birthplace,* Md
8. *Full Name of Father,* —
9. *Father's Occupation,* —
10. *Father's Birthplace,* —

Name of Medical Attendant, or other Person who makes this Return. William S. Gardner M.D.

Address, Maternite.

Remarks,

birth of any child shall occur, without the ... be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

phy & Co., City Printers and Stationers.

RETURN OF A BIRTH

84549

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) Colord
3. Date of Birth, Janary 18 1886
4. Place of Birth, (Street and Number) Baltimore Md Smith St 46
5. Full Name of Mother, Mary Rebecca Young
6. Mother's Maiden Name, Miss Mary Holmes Rebecca
7. Mother's Birthplace, Essex County Virginia
8. Full Name of Father, John R. Young
9. Father's Occupation, Waiter
10. Father's Birthplace, Essex County

Name of Medical Attendant, or other Person who makes this Return, Annie Johnson

Address, 9 N Tyson street

Remarks,

HEALTH DEPARTMENT FEB 8 188[illegible] BALTIMORE

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

& Co., City Printers and Stationers.

84550

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT FEB 1886 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10

1. *Sex, (state whether male or ~~female~~)*
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 18th January 1886
4. *Place of Birth, (Street and Number)* 304 Cross & Leadenhall st
5. *Full Name of Mother,* Minnie Woldewey
6. *Mother's Maiden Name,* Minnie Fehmal
7. *Mother's Birthplace,* Hanover
8. *Full Name of Father,* Theodore Woldewey
9. *Father's Occupation,* Groceries & Liquors
10. *Father's Birthplace,* Bentheim

Name of Medical Attendant, or other Person who makes this Return. Mrs Münch

Address, No 1 Leadenhall St,

Remarks,

be in attendance upon the mother, immediately thereafter it shall be [illegible] report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

y & Co., City Printers and Stationers.

RETURN OF A BIRTH

84551

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, ~~3d~~, &c.)

1. Sex, (state whether ~~male~~ or female)
2. Race or Color, (if not of the white race)
3. Date of Birth, January 18 ~~7~~
4. Place of Birth, (Street and Number) # 12 Winter st
5. Full Name of Mother, Louisa L Sandaal
6. Mother's Maiden Name, " Gaehle
7. Mother's Birthplace, Balto
8. Full Name of Father, Wm H Sandaal.
9. Father's Occupation, Milkman
10. Father's Birthplace, Balto City

Name of Medical Attendant, or other Person who makes this Return. Mrs Münch

Address, # 1 Leadenhall st.

Remarks,

HEALTH DEPARTMENT
FEB 1 1886
BALTIMORE, MD

be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such family, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

ny & Co., City Printers and Stationers.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
JAN 30 1926
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fifth (5)

1. *Sex (state whether male or female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 18th January 1886
4. *Place of Birth (Street and Number)* 104 Orleans St
5. *Full Name of Mother* Mary A. Simpson
6. *Mother's Maiden Name* Mc. Taggart
7. *Mother's Birthplace* Balto. Md.
8. *Full Name of Father* H. M. Simpson
9. *Father's Occupation* Tinner
10. *Father's Birthplace* Balto. Md

Name of Medical Attendant, or other Person who makes this Return. Francis A. Lauer

Address 105. N. Central Ave.

Remarks

RETURN OF A BIRTH

824553

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
FEB 3 1886
BALTIMORE MD

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Sixth.

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) white

3. Date of Birth, Jan. 18th 1886.

4. Place of Birth, (Street and Number) 65 N. Eden St.

5. Full Name of Mother, Eva Price

6. Mother's Maiden Name, Eva Buchman

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Chas. Price

9. Father's Occupation, Teamster

10. Father's Birthplace, Austria

Name of Medical Attendant, or other Person who makes this Return A. F. Erick M.D.

Address, 95 Park Ave.

Remarks,

PRINTERS AND STATIONERS

84554

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, FEB 20 1886 BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* Wh
3. *Date of Birth* Jany 18. 1886
4. *Place of Birth, (Street and Number)* 28 Morris alley
5. *Full Name of Mother,* Agnes Mack
6. *Mother's Maiden Name,* " Green
7. *Mother's Birthplace,* md
8. *Full Name of Father,* Isaac Mack
9. *Father's Occupation,* waiter
10. *Father's Birthplace,* md

Name of Medical Attendant, or other Person who makes this Return. G Lane Tancyhill

Address, 219 Madison ave

Remarks,

report its birth to the Commissioner of Health, in the manner and within the [illegible] or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

hy & Co., City Printers and Stationers.

NOTICE

The succeeding document was received in the same condition and microfilmed as shown.

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RETURN OF A BIRTH

84555

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2d
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	January 18— 86
4. *Place of Birth, (Street and Number)*	S. E. Cor Fawn & Eutaw
5. *Full Name of Mother,*	Ida V. Londeree
6. *Mother's Maiden Name,*	" " Stokes
7. *Mother's Birthplace,*	Balto.
8. *Full Name of Father,*	Geo. H. Lond[illegible]
9. *Father's Occupation,*	Hamster
10. *Father's Birthplace,*	New Jersey
Name of Medical Attendant, or other Person who makes this Return	G. H. Mercer M.D.
Address.	1. S. Eutaw St.
Remarks,	

HEALTH DEPARTMENT
FEB 25 1886
BALTIMORE, MD.

[illegible] & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

8455

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
FEB 25 1886
BALTIMORE MD

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2d
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Jan. 18—86
4. *Place of Birth, (Street and Number)*	S.E. Cor Jefferson & Caroline St
5. *Full Name of Mother,*	Paulina Beckhaus
6. *Mother's Maiden Name,*	" Kubler
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	Louis Beckhaus
9. *Father's Occupation,*	Rower & Dyer
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other Person who makes this Return	Frank G Moyer M.D.
Address,	
Remarks,	

Y & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

84557

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 18 January
4. *Place of Birth, (Street and Number)* 60 President
5. *Full Name of Mother,* Annie Briget
6. *Mother's Maiden Name,* Saure
7. *Mother's Birthplace,* Italy
8. *Full Name of Father,* Mike Briget
9. *Father's Occupation,* Musicianer
10. *Father's Birthplace,* Italy

Name of Medical Attendant, or other Person who makes this Return. Sarah Casper

Address, 72. E. Lombard street

Remarks,

HEALTH DEPARTMENT, JAN 25 1886 BALTIMORE, MD.

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH

84558

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, JAN 18 1886 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st Child

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Jan. 18th N Chester 8 30 A M 1886

4. Place of Birth, (Street and Number) 128 N Chester

5. Full Name of Mother, Rosa Makel

6. Mother's Maiden Name, Rosa Herkel

7. Mother's Birthplace, Balto. City

8. Full Name of Father, Phillip Makel

9. Father's Occupation, Barber

10. Father's Birthplace, Charleston S.C.

Name of Medical Attendant, or other Person who makes this Return. James E Donnelly M D

Address, 299 E Baltimore St.

Remarks,

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH

84559

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
Baltimore
JAN
BALTIMORE MD

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First.

Sex, (state whether male or female) Female.

2. Race or Color, (if not of the white race) White.

3. Date of Birth, January 18th 1886

4. Place of Birth, (Street and Number) 498 Canton Ave.

5. Full Name of Mother, Magdalena Mader

6. Mother's Maiden Name, Magdalena Willner

7. Mother's Birthplace, Germany.

8. Full Name of Father, John Vat Mader

9. Father's Occupation, Laborer

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs. Wiley.

Address, 12 Patterson Park Ave.

Remarks,

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

Co., City Printers and Stationers.

84560

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
JAN 26 1886
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th Child,

1. *Sex (state whether male or female)* Female,
2. *Race or Color (if not of the white race)* White race,
3. *Date of Birth* 18th of January, 1886.
4. *Place of Birth (Street and Number)* No 45 Beddle Alley,
5. *Full Name of Mother* Leana Stricker
6. *Mother's Maiden Name* Leana Hauptman,
7. *Mother's Birthplace* in Germany,
8. *Full Name of Father* Herman Stricker,
9. *Father's Occupation* a Painter,
10. *Father's Birthplace* in Germany,

Name of Medical Attendant, or other Person who makes this Return.

Address Midwife Theresa Geller No 34 Beddle Alley,

Remarks

name of the mother or such child or children.

RETURN OF A BIRTH

84561

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
JAN 26 1886
BALTIMORE MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7 Town

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) White

3. Date of Birth, 16 January 1886

4. Place of Birth, (Street and Number) N. 22 S. Little front st

5. Full Name of Mother, Esther Reitcap

6. Mother's Maiden Name, " Fieber

7. Mother's Birthplace, Russia

8. Full Name of Father, Abraham Reitcap

9. Father's Occupation, Peddler

10. Father's Birthplace, Russia

Name of Medical Attendant, or other Person who makes this Return. E Scherman

Address, Albemarle st N 26

Remarks,

In accordance with the [illegible], in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH

84562

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5 Child.

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race)
3. Date of Birth, Jan 1 1886
4. Place of Birth, (Street and Number) 355 Hamburg st
5. Full Name of Mother, Bertha Herth.
6. Mother's Maiden Name, Kirchner.
7. Mother's Birthplace, Germany.
8. Full Name of Father, George Herth.
9. Father's Occupation, Cabnit maker.
10. Father's Birthplace, Germany.

Name of Medical Attendant, or other Person who makes this Return. J. Lohwasser. Midwife.

Address, 330 Hanover st.

Remarks,

HEALTH DEPARTMENT, JAN 26 1886 BALTIMORE, MD.

Report as birth to the ... or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

Co., City Printers and Stationers.

RETURN OF A BIRTH 8456

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 Child.

1. *Sex, (state whether male or female)* Male.
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Jan. 26 1886
4. *Place of Birth, (Street and Number)* 846 Johnson st.
5. *Full Name of Mother,* Lizzie Maller.
6. *Mother's Maiden Name,* Loesel
7. *Mother's Birthplace,* America.
8. *Full Name of Father,* John Maller.
9. *Father's Occupation,* Horse shoe maker
10. *Father's Birthplace,* America.

Name of Medical Attendant, or other Person who makes this Return. J. Schwaner Midwife.

Address, 330 Hanover st

Remarks,

HEALTH DEPARTMENT JAN 26 1886 BALTIMORE

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

Co., City Printers and Stationers.

RETURN OF A BIRTH. 8745 64

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth Jan 18th 1886
4. Place of Birth, (Street and Number) 37 Stiles st.
5. Full Name of Mother, Mary Prince
6. Mother's Maiden Name,
7. Mother's Birthplace, Baltimore
8. Full Name of Father, John Prince
9. Father's Occupation, Coal dealer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return, Mrs. C. Bernstein

Address, 49 S. Exeter st.

Remarks,

HEALTH DEPARTMENT
JAN 27 1886
BALTIMORE, MD.

report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

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The succeeding document was received in the same condition and microfilmed as shown.

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RETURN OF A BIRTH

84565

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, JAN 20 1886 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Jan 18th
4. *Place of Birth, (Street and Number)* #355 S. Sharp St.
5. *Full Name of Mother,* Minnie Heider
6. *Mother's Maiden Name,* " Carrigan
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Henry Heider
9. *Father's Occupation,* Baker
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mary Koch

Address, #328 S. Eutaw St.

Remarks,

...be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

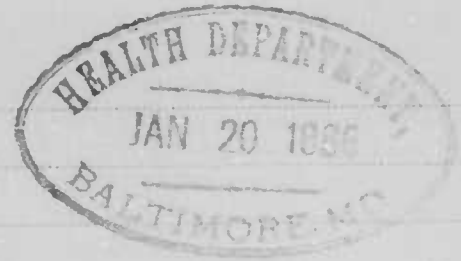
...by & Co. City Printers and Stationers.

RETURN OF A BIRTH

24566

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



No. of Child of Mother, (*state whether* 1*st*, 2*d*, 3*d*, &*c.*)	1st
1. *Sex,* (*state whether male or female*)	Female
2. *Race or Color,* (*if not of the white race*)	White
3. *Date of Birth,*	Jan. 18-/86
4. *Place of Birth,* (*Street and Number*)	115 Bolton St.
5. *Full Name of Mother,*	Mary F. Miller
6. *Mother's Maiden Name,*	" Vanarsdale
7. *Mother's Birthplace,*	W. Va.
8. *Full Name of Father,*	Llewellyn Miller
9. *Father's Occupation,*	Insurance Miller
10. *Father's Birthplace,*	Va.
Name of Medical Attendant, or other Person who makes this Return.	Thomas Opie M.D.
Address,	179 N. Howard St.
Remarks,	

T, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH,

84567

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT, JAN 20 1886 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth Jan 18. 1886
4. Place of Birth, (Street and Number) No. 120 Wilhelm Str
5. Full Name of Mother Lizzie Doll -
6. Mother's Maiden Name Lizzie Ehring
7. Mother's Birthplace U.S. America
8. Full Name of Father Henry Doll -
9. Father's Occupation Laborer -
10. Father's Birthplace U.S. America

Name of Medical Attendant, or other Person who makes this Return. Mrs. Catherine Doll

Address No. 57 Bantaloe Str

Remarks The child died Twelve hours after birth of Spasms but no Doctor was called -

RETURN OF A BIRTH

84568

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First Child

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 18 January
4. *Place of Birth, (Street and Number)* 31 Carrollton Ave
5. *Full Name of Mother,* Mrs. Ida Holloway.
6. *Mother's Maiden Name,* Miss Ida Clay Klinefelter
7. *Mother's Birthplace,* Baltimore Md.
8. *Full Name of Father,* Mr. Edwin E. Holloway
9. *Father's Occupation,* Clerk
10. *Father's Birthplace,* Baltimore Md

Name of Medical Attendant, or other Person who makes this Return. Mrs Dumlar

Address, 60 N. Throden St

Remarks,

HEALTH DEPARTMENT
JAN 20 1880
BALTIMORE, MD

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH

84569

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First Child.

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 8. Jan.
4. *Place of Birth, (Street and Number)* Baltimore, 170 Pierce St.
5. *Full Name of Mother,* Argota Boykin
6. *Mother's Maiden Name,* Argota Roemer.
7. *Mother's Birthplace,* Baltimore City
8. *Full Name of Father,* Frank Forrest Boykin
9. *Father's Occupation,* Sugar Maker.
10. *Father's Birthplace,* Norfolk Va.

Name of Medical Attendant, or other Person who makes this Return. Mrs Dunnler

Address, 60 North Schroeder St.

Remarks,

HEALTH DEPARTMENT JAN 20 1880 BALTIMORE, MD.

Report as birth to the Commissioner of Health, or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH

84570

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother. (*state whether* 1*st*, 2*d*, 3*d*, *&c.*)	4 Forth
1. [redacted] (*state whether male or female*)	Female
2. *Race or Color*, (*if not of the white race*)	White
3. *Date of Birth*,	January
4. *Place of Birth*, (*Street and Number*)	Washington av No 5
5. *Full Name of Mother*,	Elizabeth Seifert
6. *Mother's Maiden Name*,	Elizabeth Fox
7. *Mother's Birthplace*,	Baltimore City
8. *Full Name of Father*,	Adam Seifert
9. *Father's Occupation*,	Carter
10. *Father's Birthplace*,	Baltimore City
[redacted] *Name of Medical Attendant*, or other Person who makes this Return	Miss Mary Ann Graning
Address,	No 48 South Parrish St Baltimore Md
Remarks,	Mother and Child are doing well

HEALTH DEPARTMENT
JAN 22 1886
BALTIMORE MD.

PRINTERS AND STATIONERS

RETURN OF A BIRTH

B 1571

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 Marie Elizabeth Appel

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth, 18 January
4. Place of Birth, (Street and Number) 26 Neighbor St.
5. Full Name of Mother, Mary F. Appel
6. Mother's Maiden Name, " " Hufnagle
7. Mother's Birthplace, Balt. Md.
8. Full Name of Father, ~~George~~ F. Appel
9. Father's Occupation, Laborer
10. Father's Birthplace, Baltimore county

Name of Medical Attendant, or other Person who makes this Return. Mrs Rosa Ulbrich

Address, 41 Holland St Balt.

Remarks, CERTIFICATE CORRECTED 2-13-52

HEALTH DEPARTMENT JAN 25 1886 BALTIMORE, MD

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH

84572

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

2.

HEALTH DEPARTMENT
JAN 25 1886
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex, (state whether male or female)* Girl.
2. *Race or Color, (if not of the white race)* - - -
3. *Date of Birth,* January The 17. 1886.
4. *Place of Birth, (Street and Number)* 282 South Bond Street
5. *Full Name of Mother,* Carolina ~~Hicklas~~ Hill
6. *Mother's Maiden Name,* Carolina. Davis.
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Nicklas Hill
9. *Father's Occupation,* Labour
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return Louisa. Smith.

Address,

Remarks,

Josephin. Hill.

PRINTERS AND STATIONERS

RETURN OF A BIRTH. 8457 3

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth* Jan 18, 1886
4. *Place of Birth, (Street and Number)* 17, May St. Balto. Md.
5. *Full Name of Mother,* Amelia Eichlor
6. *Mother's Maiden Name,* " Wagner
7. *Mother's Birthplace,* Balto. Md.
8. *Full Name of Father,* Henry Eichlor
9. *Father's Occupation,* Teamster
10. *Father's Birthplace,* Balto. Md.

Name of Medical Attendant, or other Person who makes this Return. Caroline Miller

Address, #5 Walker St. Balto. Md.

Remarks,

HEALTH DEPARTMENT, JAN 25 1886 BALTIMORE, MD.

be in attendance upon the mother, immediately thereafter it shall be the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH 84574

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
JAN
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 19 January
4. *Place of Birth, (Street and Number)* 123 N. High
5. *Full Name of Mother,* Annie Rulo
6. *Mother's Maiden Name,* Geldberg
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Richard Rulo
9. *Father's Occupation,* Musician
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return, Sarah Casper

Address, 92 E. Lombard street

Remarks,

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH

84575

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Michael James — Raftery

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* january the 19th 1886
4. *Place of Birth, (Street and Number)* Baltimore windsor st N.E.
5. *Full Name of Mother,* Mary E raftery
6. *Mother's Maiden Name,* Shirden
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* patrick raftery
9. *Father's Occupation,* labor
10. *Father's Birthplace,* irland

Name of Medical Attendant, or other Person who makes this Return. Elizabeth Hathorn

Address, light st No 532

Remarks, GIVEN NAME ADDED. 3-9-53

HEALTH DEPART... BALTIMORE MD

be in attendance upon the mother, immediately thereafter is hereby required to be in the manner and within the period above required, and any such person report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

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84576

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2nd
1. *Sex, (state whether male or female)*	female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth*	Jan 19th 1886
4. *Place of Birth, (Street and Number)*	Barclay 4 – near Camp
5. *Full Name of Mother,*	Minnie Geiz
6. *Mother's Maiden Name,*	" McDerpake
7. *Mother's Birthplace,*	Balto
8. *Full Name of Father,*	Henry Geiz
9. *Father's Occupation,*	Letter Carrier
10. *Father's Birthplace,*	Balto
Name of Medical Attendant, or other Person who makes this Return.	D Streett MD
Address,	143 N. Eden St
Remarks,	

HEALTH DEPARTMENT, JAN 26 1886 BALTIMORE, MD.

Be in accordance upon the manner, immediately thereafter, it shall be made the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH 84577

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First.

1. *Sex, (state whether male or female)* Male

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* January 19, 1886.

4. *Place of Birth, (Street and Number)* Maternite 161 W Lombard St.

5. *Full Name of Mother,* Lizzie Reed

6. *Mother's Maiden Name,* Do

7. *Mother's Birthplace,* MD

8. *Full Name of Father,* —

9. *Father's Occupation,* —

10. *Father's Birthplace,* —

Name of Medical Attendant, or other Person who makes this Return. William S. Gaw M.D.

Address,

Remarks, Illegitimate

HEALTH DEPARTMENT FEB 5 1886 BALTIMORE MD.

hy & Co., City Printers and Stationers.

RETURN OF A BIRTH

84578

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, January 19, 1886

4. Place of Birth, (Street and Number) Maternite, 161 W. Lombard St.

5. Full Name of Mother, Nellie Howard

6. Mother's Maiden Name, Do

7. Mother's Birthplace, Md.

8. Full Name of Father, —

9. Father's Occupation, —

10. Father's Birthplace, —

Name of Medical Attendant, or other Person who makes this Return. William S. Gardner M. D.

Address, Maternite,

Remarks,

HEALTH DEPARTMENT, FEB 5 1886, BALTIMORE, MD.

be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH

84579

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 14th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, Jan 19th 1886
4. Place of Birth, (Street and Number) 264 E Pratt pts
5. Full Name of Mother, Caroline Lickhart
6. Mother's Maiden Name, " Kuehn
7. Mother's Birthplace, City
8. Full Name of Father, George Dickhart
9. Father's Occupation, Baker
10. Father's Birthplace, City

Name of Medical Attendant, or other Person who makes this Return. Mrs Elizabeth Bly

Address, 120 Bank St.

Remarks,

HEALTH DEPART... FEB 30

be in attendance upon the mother, immediately hereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH 87580

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th Child

1. *Sex, (state whether male or female)* male

2. *Race or Color, (if not of the white race)*

3. *Date of Birth,* 19 Jan 1886

4. *Place of Birth, (Street and Number)* 25 Washington ave

5. *Full Name of Mother,* Hennie E. Orrell

6. *Mother's Maiden Name,* Stewart

7. *Mother's Birthplace,* Baltimore

8. *Full Name of Father,* J W. Orrell

9. *Father's Occupation,* Shirt Cutter

10. *Father's Birthplace,* Baltimore city

Name of Medical Attendant, or other Person who makes this Return Hoge & Godley

Address. 57 No. Schroeder St

Remarks,

HEALTH DEPART

ENY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

2581

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* Colrd

3. *Date of Birth,* Jan 19th 1886

4. *Place of Birth, (Street and Number)* 109 Russell St

5. *Full Name of Mother,* Julia Brown

6. *Mother's Maiden Name,* Julia Steward

7. *Mother's Birthplace,* Baltimore

8. *Full Name of Father,* J. Brown

9. *Father's Occupation,* Sailor

10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Angie Wilson

Address, 314 N Howard St

Remarks, Baltimore

HEALTH DEPARTMENT, FEB 19 1886, BALTIMORE

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RETURN OF A BIRTH

84582

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, JAN 26 1886 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd Ch

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* January 19th 2 A.M. 1886
4. *Place of Birth, (Street and Number)* 235 Jefferson St
5. *Full Name of Mother,* Emma Ogier Veal
6. *Mother's Maiden Name,* Emma E. Houstine
7. *Mother's Birthplace,* Baltimore City
8. *Full Name of Father,* John Phillip Veal
9. *Father's Occupation,* Carpenter
10. *Father's Birthplace,* Baltimore City

Name of Medical Attendant, or other Person who makes this Return. James E Donnelle MD

Address, 299 E Baltimore Street

Remarks,

birth of any child shall be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH

27583

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, JAN 26 1886 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth, Jan 9, 1886

4. Place of Birth, (Street and Number) 72 Rowe St.

5. Full Name of Mother, Mary Bolden

6. Mother's Maiden Name, Mary Connelly

7. Mother's Birthplace, Ellicott City

8. Full Name of Father, Louis Bolden

9. Father's Occupation, None She is dead

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Mary L Swayne

Address, 59 Luzerne St.

Remarks,

should no other person be in attendance upon the mother, immediately thereafter it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the case of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

24584

HEALTH DEPARTMENT, JAN 27 1886 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, January 19th " 1886

4. Place of Birth, (Street and Number) No 222 W. Biddle St

5. Full Name of Mother, Kate A. Wright

6. Mother's Maiden Name, " " Smith

7. Mother's Birthplace, Petersburg Va

8. Full Name of Father, Carter B. Wright

9. Father's Occupation, Oyster Dredger

10. Father's Birthplace, Lancaster Co Va

Name of Medical Attendant, or other Person who makes this Return. Amelia Johnson

Address, 6 Hamilton St

Remarks,

be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Jan 19/86
4. Place of Birth, (Street and Number) 231 Pratt St.
5. Full Name of Mother, Rosa. Amrom
6. Mother's Maiden Name, Roza Epstin
7. Mother's Birthplace, Russia.
8. Full Name of Father, Moris Amrom
9. Father's Occupation, Brewery
10. Father's Birthplace, Russia.

Name of Medical Attendant or other Person who makes this Return Mrs R. Goldsmith

Address, 87 Hark St

Remarks,

HEALTH DEPARTMENT
JAN 21 1886
BALTIMORE MD

Should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

84586

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex, (state whether male or ~~female~~)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* January 19: 1886
4. *Place of Birth, (Street and Number)* 120 Hollow St
5. *Full Name of Mother,* Clara B. Feast
6. *Mother's Maiden Name,* " " Leitz
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Dillwyn Feast
9. *Father's Occupation,* Collector
10. *Father's Birthplace,* ~~Balti~~ ~~Md~~ York Co Penn.

Name of Medical Attendant, or other Person who makes this Return. H. L. Shadow

Address, 387 W Lombard St

Remarks,

HEALTH DEPARTMENT
MAR 10 1886
BALTIMORE, MD.

be in attendance upon the mother, [illegible] report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 84487

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPART
JAN 22 1
BALTIMOR

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, jan 19 1886
4. Place of Birth, (Street and Number) thames street court 3
5. Full Name of Mother, Barbara n milk
6. Mother's Maiden Name, Barbara n doll
7. Mother's Birthplace, europe
8. Full Name of Father, John l milk
9. Father's Occupation, plumber
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. mary conner 171

Address, patterson park ave

Remarks,

be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH 84588

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPART
JAN
BALTIMO

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Jan 19th 1886
4. Place of Birth, (Street and Number) No 18 N. Exeter
5. Full Name of Mother, Josephine Edel
6. Mother's Maiden Name, Lentz
7. Mother's Birthplace, Baltimore
8. Full Name of Father, John J. Edel
9. Father's Occupation, Letter Carrier
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. Sophia Simmons

Address, 11 70 Granby St

Remarks,

be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

y & Co., City Printers and Stationers.

RETURN OF A BIRTH 24589

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

birth of any child shall occur [illegible] immediately thereafter it shall become the duty of the person or parents of such child to be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Male

2. *Race or Color, (if not of the white race)* white

3. *Date of Birth,* 19 January

4. *Place of Birth, (Street and Number)* 126 E. Balto. St

5. *Full Name of Mother,* Lizzie Christiani

6. *Mother's Maiden Name,* " Rosinger

7. *Mother's Birthplace,* Balt. Md.

8. *Full Name of Father,* Christian Christiáni

9. *Father's Occupation,* Varnisher

10. *Father's Birthplace,* Balt. Md.

Name of Medical Attendant, or other Person who makes this Return. Mrs Rose Ulbig

Address, 48 Holland St

Remarks, Balt.

HEALTH DEPARTMENT
JAN 25 1886
BALTIMORE, MD

phy & Co., City Printers and Stationers.

RETURN OF A BIRTH

84590

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT, JAN 25 1886 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* 19 January 1886
4. *Place of Birth, (Street and Number)* 282 E. Fayette E
5. *Full Name of Mother,* Ellen B. Beaver
6. *Mother's Maiden Name,* " " Walker
7. *Mother's Birthplace,* Bobb
8. *Full Name of Father,* Joseph G. Beaver
9. *Father's Occupation,* Card Maker
10. *Father's Birthplace,* Bobb

Name of Medical Attendant, or other Person who makes this Return J. J. Gross M.D.

Address, 137 Orleans E

Remarks,

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 84591

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) ~~Nine~~ (9) Nine

1. Sex, (state whether male or female) Females
2. Race or Color, (if not of the white race), White
3. Date of Birth, 20th January
4. Place of Birth, (Street and Number) 53 Polyanna St
5. Full Name of Mother, Nellie Brenner
6. Mother's Maiden Name, Nellie Fondrait
7. Mother's Birthplace, Maryland
8. Full Name of Father, Peter Brenner
9. Father's Occupation, Carpenter
10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs Clafer

Address, 24 Columbia Ave

Remarks,

HEALTH DEPARTMENT JAN 25 1888 BALTIMORE, MD.

Murphy & Co., City Printers and Stationers.

84592

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
JAN 25 1905
BALTIMORE

advise at the birth of any child, within the City of Baltimore, shall report to the Registrar thereof, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, ~~&c.~~)

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Jany 20
4. *Place of Birth (Street and Number)* 218 N Calhoun St
5. *Full Name of Mother* Helen Vandewater
6. *Mother's Maiden Name*
7. *Mother's Birthplace* New York
8. *Full Name of Father* Frank Colton
9. *Father's Occupation* Salesman
10. *Father's Birthplace* New York

Name of Medical Attendant, or other Person who makes this Return. Robt K Kuehn

Address 534 W Fayette St

Remarks

RETURN OF A BIRTH 2493

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
JAN 27 1886
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* Jan. 20th 86

4. *Place of Birth, (Street and Number)* 97 Green St

5. *Full Name of Mother,* Catherine Brehmer

6. *Mother's Maiden Name,* Bertram

7. *Mother's Birthplace,* Prussia

8. *Full Name of Father,* Francis Brehmer

9. *Father's Occupation,* Shoemaker

10. *Father's Birthplace,* Prussia

Name of Medical Attendant, or other Person who makes this Return. Mary Hook

Address, 328 S. Eutaw St

Remarks,

list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of medicine or midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the father or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH 84594

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
JAN 27 1886
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Jan. 23rd 86
4. *Place of Birth, (Street and Number)*	# 355 Hanover St
5. *Full Name of Mother,*	Sybilla Weigert
6. *Mother's Maiden Name,*	" Fuchs
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Frank Weigert
9. *Father's Occupation,*	Baker
10. *Father's Birthplace,*	Germania
Name of Medical Attendant, or other Person who makes this Return.	Mary Koch
Address,	# 528 S Eutaw St.
Remarks,	

List of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of medicine, midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

8459

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Born Jan 20 1896
1. *Sex, (state whether male or female)*	Female Child
2. *Race or Color, (if not of the white race)*	Coloured
3. *Date of Birth,*	
4. *Place of Birth, (Street and Number)*	No 4 Little Pine St
5. *Full Name of Mother,*	Mrs Leeah Franklin
6. *Mother's Maiden Name,*	Leeah Bowen
7. *Mother's Birthplace,*	Carrollton Balto Co
8. *Full Name of Father,*	John Franklin
9. *Father's Occupation,*	Coachman
10. *Father's Birthplace,*	Virginnia
Name of Medical Attendant, or other Person who makes this Return	Mrs Lucy Carrick
Address,	15 Jordan Alley Balto Md
Remarks,	

HEALTH DEPARTMENT BALTIMORE MD.

& CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 84596

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
JAN 29 1886
BALTIMORE MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d Child

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, January 20th 1886
4. Place of Birth, (Street and Number) 60 Cross St Baltimore Md
5. Full Name of Mother, Nannie E Schwartz
6. Mother's Maiden Name, Nannie E Hilstell
7. Mother's Birthplace, Baltimore City
8. Full Name of Father, Andrew Schwartz
9. Father's Occupation, Sewing Machine Agent
10. Father's Birthplace, Baltimore County

Name of Medical Attendant, or other Person who makes this Return. Susan Hunter

Address, 21 N Caroline St

Remarks,

ascertained the full name of each child, and the said schedule shall be delivered, duly signed by the practitioner in the form of a parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the [illegible] son or parents of such child to report its birth to the [illegible] sioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

Murphy & Co., City Printers and Stationers.

NOTICE

The succeeding documents were received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

RETURN OF A BIRTH

84597

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, JAN 21 1886 BALTIMORE MD

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Twelfth

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* January 6

4. *Place of Birth, (Street and Number)* 66 N. Wolfe Street

5. *Full Name of Mother,* Mrs Virginia Burch

6. *Mother's Maiden Name,* Virginia Sanders

7. *Mother's Birthplace,* Virginia

8. *Full Name of Father,* William Burch

9. *Father's Occupation,* Stair builder

10. *Father's Birthplace,* Virginia

Name of Medical Attendant, or other Person who makes this Return. Mrs R. S. Garrett,

Address, No 66 Burke St,

Remarks, A seven months child - child very small and weak.

ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occ[illegible] without the attendance of a Physician or practitioner of mid[illegible]ery, or should no other person be in attendance upon the [illegible]her, immediately thereafter it shall become the duty of the [illegible] or parents of such child, to report its birth to the Co[illegible]oner of Health, in the manner and within the period abo[illegible]uired, and any such person or persons who shall hereaf[illegible]ail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

Murphy & Co., City Printers and Stationers.

84598

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
JAN 21 1886
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	January 20th 1886
4. Place of Birth, (Street and Number)	No 66 Burke Street
5. Full Name of Mother,	Mrs Elizabeth Henning
6. Mother's Maiden Name,	Elizabeth Appell
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	Frederick Henning
9. Father's Occupation,	Merchant Tailor
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Mrs R. A. Garrett
Address,	No 65 Burke St.
Remarks,	

ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the [illegible]er, immediately thereafter it shall become the duty of the p[illegible] or parents of such child, to report its birth to the Co[illegible]oner of Health, in the manner and within the period abo[illegible]ired, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subj[illegible] to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

Murphy & Co., City Printers and Stationers.

84599

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th Chee

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Jany 20th 1886
4. *Place of Birth, (Street and Number)* 113 Goodman Av
5. *Full Name of Mother,* Matilda ~~Matters~~ Hartline
6. *Mother's Maiden Name,* " Wetters
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Henry Hartline
9. *Father's Occupation,* Driver
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. O. A. Cooke, M.D.

Address, 110 Fort av

Remarks,

HEALTH DEPARTMENT, JAN 22 1886 BALTIMORE, MD.

...ist of the births which have occurred in her ... or any part ... been conferred,) its sex, color, the full name and occupation of its ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the [illegible]n or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period abo[illegible]quired, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subj[illegible]d to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

...hn Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH.

~~$1.000~~ A- 84600

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
JAN 22 1886
BALTIMORE

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name and nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	Jan 20 @ 2-10 P.M. 1886
4. Place of Birth (Street and Number)	145 Scott St.
5. Full Name of Mother	Susie Bauer
6. Mother's Maiden Name	Jones
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Jacob Bauer
9. Father's Occupation	Fireman
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	H. W. Webner M.D.
Address	298 W Lombard St. City
Remarks	

RETURN OF A BIRTH

~~85001~~
4-84601

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Jan 20th 1886
4. *Place of Birth, (Street and Number)* No 65 S Register
5. *Full Name of Mother,* Maria Burkhart
6. *Mother's Maiden Name,* " Phepper
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Eduard Burkhart
9. *Father's Occupation,* Carpenter
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs Elizabeth Betz

Address, 120 Bank str:

Remarks,

and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. The schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall [illegible] without the attendance of a Physician or practitioner of m[illegible]ry, or should no other person be in attendance upon the [illegible]ther, immediately thereafter it shall become the duty of the [illegible]n or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period abo[illegible]equired, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

ohn Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

~~81002~~
9-84602

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT, FEB 4 1886 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* January 20-1886
4. *Place of Birth, (Street and Number)* 346 N. Durham St
5. *Full Name of Mother,* Annie A Siebert
6. *Mother's Maiden Name,* " " Green
7. *Mother's Birthplace,* Baltimore City
8. *Full Name of Father,* Charles F. Siebert
9. *Father's Occupation,* Stone Polisher
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return G. F. Taylor M. D.

Address, 234 N. Broadway.

Remarks,

born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

& CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

~~85008~~
4-84603

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth Jan. 20th 1886
4. Place of Birth, (Street and Number) #82 Ensor St.
5. Full Name of Mother, Mary Jenkins
6. Mother's Maiden Name, " Huff
7. Mother's Birthplace, Balto. Md.
8. Full Name of Father, Louis Jenkins
9. Father's Occupation, Telegrapher.
10. Father's Birthplace, Balto. Md

Name of Medical Attendant, or other Person who makes this Return. Mrs. Dena Stillegust

Address, #182 E Monument St

Remarks,

HEALTH DEPARTMENT
FEB 3 1886
BALTIMORE, MD.

ascertained the full name of each child (if any shall have been [illegible]) [illegible] signed by the practitioner in the form of a parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the [illegible]her, immediately thereafter it shall become the duty of the [illegible] or parents of such child, to report its birth to the Co[illegible]ioner of Health, in the manner and within the period abo[illegible]uired, and any such person or persons who shall here[illegible]ail to comply with the provisions of this section, shall be sut[illegible] to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH.

~~85 0004~~
U-84604

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Second

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth* January 20 1886
4. *Place of Birth, (Street and Number)* 306 McDonough St
5. *Full Name of Mother,* Francis Bell
6. *Mother's Maiden Name,* Hugelmeier
7. *Mother's Birthplace,* Baltimore Md.
8. *Full Name of Father,* Chas. Bell
9. *Father's Occupation,* Clerk
10. *Father's Birthplace,* Baltimore Md.

Name of Medical Attendant, or other Person who makes this Return. Mary A Allwell

Address, 286 McDonough St

Remarks,

HEALTH DEPARTMENT FEB 2 1886 BALTIMORE

...ist of the births which have occurred under the street care bureau, ... ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the mother or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

~~5005~~ G-84605

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT FEB 10 1886 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Male

2. *Race or Color, (if not of the white race)*

3. *Date of Birth,* January 9

4. *Place of Birth, (Street and Number)* 66 Lancaster St.

5. *Full Name of Mother,* Katie Gutersmuth

6. *Mother's Maiden Name,* Bichler

7. *Mother's Birthplace,* Germany

8. *Full Name of Father,* Friedrich Gutersmuth

9. *Father's Occupation,* Schoemaker

10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs. Louise Stadt

Address, 142 S. Washington St.

Remarks,

parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period required, and any such person or persons who shall fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

~~85006~~
9-84606

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Arthur Paul Bauer

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, January 20th 1886
4. Place of Birth, (Street and Number) No 2 Hoenaman avenue
5. Full Name of Mother, Mary Bauer
6. Mother's Maiden Name, Mary Feastmeyer
7. Mother's Birthplace, Germany
8. Full Name of Father, Lewis Bauer
9. Father's Occupation, Hatterer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. M. A. Butt

Address, 185 S.E. cor Centrel av. & Monument St.

Remarks, All Well GIVEN NAME ADDED. 6-23-53

L.M. K.B.

HEALTH DEPARTMENT FEB 27 1886 BALTIMORE

[illegible] parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period ab[illegible]quired, and any such person or persons who shall hen[illegible] fail to comply with the provisions of this section, shall be su[illegible]d to the fine of ten (10) dollars for each offense to be reco[illegible]ed as other fines and forfeitures are recoverable.

Murphy & Co., City Printers and Stationers.

CERTIFICATE CORRECTED 2-14-51

RETURN OF A BIRTH

~~85007~~ 9-84607

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, JAN 25 1886 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 Sarah E. Barlag

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* 20 January
4. *Place of Birth, (Street and Number)* 229 N. Central ave
5. *Full Name of Mother,* Mamie ~~Baleo~~ Barlag
6. *Mother's Maiden Name,* " Price
7. *Mother's Birthplace,* Balt. Md.
8. *Full Name of Father,* Charles ~~Baleo~~ Barlag
9. *Father's Occupation,* Lithographer
10. *Father's Birthplace,* Balt. Md.

Name of Medical Attendant, or other Person who makes this Return. Mrs Rosa Ulbig

Address, 48 Holland

Remarks, Balt.

ascertained the full name of each child of any [illegible] parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereby fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH.

~~85008~~

A-84608

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, JAN 25 1886 BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth* Jan 20, 1886
4. *Place of Birth, (Street and Number)* #108 Chew. St.
5. *Full Name of Mother,* Barbara Horn
6. *Mother's Maiden Name,* " Deckerd
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* John Horn
9. *Father's Occupation,* Barber
10. *Father's Birthplace,* Balto. Md.

Name of Medical Attendant, or other Person who makes this Return. Caroline Miller

Address, #5 Walker St. Balto. Md.

Remarks,

[illegible] list of the births which have occurred [illegible] (if any shall have been conferred,) its sex, color, the full name and occupation [illegible] ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation [illegible] parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the [illegible], immediately thereafter it shall become the duty of the [illegible] or parents of such child, to report its birth to the Co[illegible]ioner of Health, in the manner and within the period ab[illegible]uired, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be sub[illegible] to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

~~85009~~
U-84609

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* January 26th 1884
4. *Place of Birth, (Street and Number)* 198 Parkna St
5. *Full Name of Mother,* Esther Marks
6. *Mother's Maiden Name,* " Samuels
7. *Mother's Birthplace,* England
8. *Full Name of Father,* Hiram Marks
9. *Father's Occupation,* Merchant Tailor
10. *Father's Birthplace,* Poland

Name of Medical Attendant, or other Person who makes this Return Theodore Cook M.D.

Address, #146 Hanover St

Remarks,

HEALTH DEPARTMENT
JAN 25 1886
BALTIMORE, MD.

[illegible] the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the [illegible]issioner of Health, in the manner and within the period a[illegible]quired, and any such person or persons who shall he[illegible] fail to comply with the provisions of this section, shall be su[illegible] to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH.

~~85110~~
A-84610.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3d

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* Thursday Jany 21st 86
4. *Place of Birth, (Street and Number)* N. Carey St. (Rear number)
5. *Full Name of Mother,* Mary Corinne Tucker
6. *Mother's Maiden Name,* Mary C. Walton
7. *Mother's Birthplace,* Annapolis Md
8. *Full Name of Father,* Wm David Tucker
9. *Father's Occupation,* St. Car. Conductor
10. *Father's Birthplace,* A. A. County Md

Name of Medical Attendant, or other Person who makes this Return. Elsselch M.D.

Address, N.E. Cor. Park Ave & Mulberry St

Remarks,

HEALTH DEPARTMENT, JAN 25 1886 BALTIMORE, MD.

ascertained the full name of each child (if any shall have been entered), its sex, color, the fun, name and residence of the parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

~~87777~~ 9-84611

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, FEB 1 1886 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, ~~2d, 3d, &c.~~)

1. *Sex, (state whether ~~male or~~ female)*
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Jan. 21. 1886.
4. *Place of Birth, (Street and Number)* No 176 L. Green St.
5. *Full Name of Mother,* Lissete Marie Stühr.
6. *Mother's Maiden Name,* geb. Hurlbrink.
7. *Mother's Birthplace,* Germany.
8. *Full Name of Father,* Georg William Stühr.
9. *Father's Occupation,* Piano Macher.
10. *Father's Birthplace,* Germany.

Name of Medical Attendant, or other Person who makes this Return. Mrs Munch

Address, No 1 Leadenhall St,

Remarks,

ascertained the full name of each child (if any [illegible] parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the [illegible]ber, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Co[illegible]ioner of Health, in the manner and within the period abo[illegible]uired, and any such person or persons who shall here[illegible]ail to comply with the provisions of this section, shall be sub[illegible] to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

~~85 112~~ 9-84612

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, Jan 21st 1886
4. Place of Birth, (Street and Number) 145 S Dallas St
5. Full Name of Mother, Louisa Bardman
6. Mother's Maiden Name, " Brehmer
7. Mother's Birthplace, City
8. Full Name of Father, Christopher Bardman
9. Father's Occupation, Capper
10. Father's Birthplace, City

Name of Medical Attendant, or other Person who makes this Return. Mrs Elizabeth Betz

Address, 120 Bank St.

Remarks,

HEALTH DEPARTMENT FEB 1886 BALTIMORE, MD.

...list of the births which ... ascertained the full name of each child (if any shall have been conferred,) its sex, color, ... parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the ...er, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Co...oner of Health, in the manner and within the period abo... ...ired, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subj... to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

...n Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH.

~~85118~~ 9-84613

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3d

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* 21 Jan 1886
4. *Place of Birth, (Street and Number)* 343 N. Washington
5. *Full Name of Mother,* Dory Čermak
6. *Mother's Maiden Name,* " " Kafka
7. *Mother's Birthplace,* Bohemia
8. *Full Name of Father,* Jan Čermak
9. *Father's Occupation,* Butcher
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Josephine Conrad

Address, 20 Barnes St.

Remarks,

HEALTH DEPART[illegible] BALTIMORE

[illegible] ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the [illegible]er, immediately thereafter it shall become the duty of the p[illegible]n or parents of such child, to report its birth to the Co[illegible]oner of Health, in the manner and within the period abo[illegible]uired, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be sub[illegible] to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

~~85114~~
A-84614

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Simon Davis 11th Child

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Jan. 21. 1886
4. *Place of Birth, (Street and Number)* 25 Jan St.
5. *Full Name of Mother,* Bella Davis
6. *Mother's Maiden Name,* Bella Feinowitch
7. *Mother's Birthplace,* Russia
8. *Full Name of Father,* David Davis
9. *Father's Occupation,* Pedler
10. *Father's Birthplace,* Russia

Name of Medical Attendant, or other Person who makes this Return. E Schirman

Address, Albemarle st N 26.

Remarks,

HEALTH DEPARTMENT, JAN 29 1886 BALTIMORE, MD.

...ist of the births which have occurred under ... ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the ...er, immediately thereafter it shall become the duty of the pa... or parents of such child, to report its birth to the Com...oner of Health, in the manner and within the period above ...ired, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

...hn Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH. ~~85115~~ 984615

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
JAN 30 1886
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* January the 21st
4. *Place of Birth, (Street and Number)* Heath st No 4
5. *Full Name of Mother* Annie L Shaffer
6. *Mother's Maiden Name* Annie L Crowley
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Leonard Shaffer
9. *Father's Occupation* Labor
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs Elizabeth Donaldson

Address 33 Bird and heath st

Remarks

at the birth of any child, within the City of Baltimore, shall report to the Registrar thereof, thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of child or children.

RETURN OF A BIRTH

~~85116~~
9-84616

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* Jan 21 1886
4. *Place of Birth, (Street and Number)* 1 2 Durham St
5. *Full Name of Mother,* Kate myers
6. *Mother's Maiden Name,* " Stanton
7. *Mother's Birthplace,* Fenna va
8. *Full Name of Father,* James Myers
9. *Father's Occupation,* Labor
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other Person who makes this Return. Harriet Jackson

Address, 14 Duglast

Remarks,

[illegible] ascertained the full name of each child (if any shall have been conferred), its sex, color, the full name and [illegible] parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the [illegible]ther, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Co[illegible]ioner of Health, in the manner and within the period abo[illegible]uired, and any such person or persons who shall here[illegible] fail to comply with the provisions of this section, shall be sub[illegible] to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

[illegible]urphy & Co., City Printers and Stationers.

NOTICE

The succeeding documents were received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

RETURN OF A BIRTH

~~85117~~ 9-84617.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Male.
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* January 2nd 1876
4. *Place of Birth, (Street and Number)* 245 N Eastern Ave
5. *Full Name of Mother,* Elizabeth McCafferty
6. *Mother's Maiden Name,* " McIntyre
7. *Mother's Birthplace,* Ireland
8. *Full Name of Father,* John H. McCafferty
9. *Father's Occupation,* Painter
10. *Father's Birthplace,* Frederick Md

Name of Medical Attendant, or other Person who makes this Return. Edward [illegible]

Address, [illegible]

Remarks,

HEALTH DEPARTMENT

ascertained the full name of each child, and the said schedule shall be delivered, duly signed by the practitioner in the form of a parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period ab[illegible] required, and any such person or persons who shall her[illegible] fail to comply with the provisions of this section, shall be su[illegible] to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

~~84118~~ 9-84618

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9th

1. Sex, (state whether male or female) Augustus George Blair — Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Jan. 21st
4. Place of Birth, (Street and Number) 392 W. [illegible]
5. Full Name of Mother, Annie Blair
6. Mother's Maiden Name, — Wissel
7. Mother's Birthplace, Balt.
8. Full Name of Father, John C. Blair
9. Father's Occupation, Tailor
10. Father's Birthplace, Bavaria Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs. Dumler

Address, 60 North Schroeder St.

Remarks, Augustus George Blair

HEALTH DEPARTMENT FEB 27 1886 BALTIMORE, MD.

ascertained the full name of each child if any shall have been [illegible] parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the [illegible]her, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the C[illegible]ssioner of Health, in the manner and within the period abo[illegible]quired, and any such person or persons who shall here[illegible] fail to comply with the provisions of this section, shall be sub[illegible] to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

n Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

~~8444~~ 9-84614.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

ascertained the full name of the child, and the said schedule shall be delivered, duly signed by the practitioner in case of the parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in case of the certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period aforesaid, and any such person or persons who shall herein fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

HEALTH DEPARTMENT
JAN [illegible] 1900
BALTIMORE MD

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10

1. *Sex, (state whether male or female)* F
2. *Race or Color, (if not of the white race)* Female
3. *Date of Birth,* 21 January
4. *Place of Birth, (Street and Number)* 7 Bleumin
5. *Full Name of Mother,* Matilda Gleton
6. *Mother's Maiden Name,* Dausen
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* John Gleton
9. *Father's Occupation,* Sea-Captain
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Sarah Casper

Address, 72. E. Lombard stree[illegible]

Remarks,

n Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

~~85110~~ 9-84620

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, 21th day of January 1886
4. Place of Birth, (Street and Number) 108 Pint str
5. Full Name of Mother, Caroline Herman
6. Mother's Maiden Name, Caroline v. d. Wettern
7. Mother's Birthplace, Balto. City
8. Full Name of Father, Georg John Herman
9. Father's Occupation, Clerk
10. Father's Birthplace, Balto City

Name of Medical Attendant, or other Person who makes this Return Mrs. W. Mannel. Midwife

Address, No 8 Pearl str.

Remarks,

HEALTH DEPARTMENT, JAN 26 1886 BALTIMORE, MD.

[illegible] ascertained the full name of each child [illegible] parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period [illegible] required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be [illegible] to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

~~[illegible]~~ 9-8H621

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
JAN 20 1886
BALTIMORE MD.

within six days thereafter, stating distinctly the date of ... born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	14
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Jany. 21st 1886
4. *Place of Birth, (Street and Number)*	571 W. Fayette St
5. *Full Name of Mother,*	Mary Hartman
6. *Mother's Maiden Name,*	" Straus.
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Henry Hartman
9. *Father's Occupation,*	Merchant
10. *Father's Birthplace,*	Bavaria
Name of Medical Attendant, or other Person who makes this Return.	Thomas Opie M. D.
Address,	179 N. Howard St
Remarks,	

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH

~~[illegible]~~ 9-84622

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, JAN 20 1886 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Child
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	Jan 21
3. Date of Birth,	196 West st
4. Place of Birth, (Street and Number)	Katy Croakmann
5. Full Name of Mother,	Haller
6. Mother's Maiden Name,	America
7. Mother's Birthplace,	
8. Full Name of Father,	Lewis Croakmann
9. Father's Occupation,	Glassblower
10. Father's Birthplace,	America
Name of Medical Attendant, or other Person who makes this Return.	J. Lohwasser Midwife
Address,	330 Hanover st
Remarks,	

be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

& Co., City Printers and Stationers.

RETURN OF A BIRTH

~~8[illegible]~~ 9-84623

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second Child.

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White.

3. Date of Birth, Jan. 21st 1886.

4. Place of Birth, (Street and Number) 452 Canton Ave.

5. Full Name of Mother, Mary Chenowith.

6. Mother's Maiden Name, Hans.

7. Mother's Birthplace, Baltimore.

8. Full Name of Father, Andy Chenowith.

9. Father's Occupation, Laboer.

10. Father's Birthplace, Baltimore.

Name of Medical Attendant, or other Person who makes this Return. Mrs. Wiley.

Address, 12 Patterson Park Ave.

Remarks,

HEALTH DEPARTMENT, JAN 26 1886 BALTIMORE, MD.

[illegible] report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be re[illegible]ed as other fines and forfeitures are recoverable.

[illegible] & Co., City Printers and Stationers.

CHIEN NAME ADDED 2-16-55

RETURN OF A BIRTH

~~[illegible]~~ 9-84624

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Howard Louis

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9. Child.

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) White.
3. Date of Birth, Jan. 21st 1886.
4. Place of Birth, (Street and Number) No. 8. Essex St.
5. Full Name of Mother, Elizebeth Hoenok.
6. Mother's Maiden Name, Regner.
7. Mother's Birthplace, Rental Hessin.
8. Full Name of Father, Deidrich Hoenok.
9. Father's Occupation, Tanner.
10. Father's Birthplace, Germany.

Name of Medical Attendant, or other Person who makes this Return. Mrs. Wiley.

Address, 12 Patterson Park Ave.

Remarks,

HEALTH DEPARTMENT
JAN 26 1886
BALTIMORE, MD.

[illegible] report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be re[illegible]ed as other fines and forfeitures are recoverable.

[illegible] & Co., City Printers and Stationers.

RETURN OF A BIRTH. ~~85725~~ 9846 25

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth* Jan. 21st 1886
4. *Place of Birth, (Street and Number)* 53 Low st.
5. *Full Name of Mother,* Sarah Lebewohl
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Russia
8. *Full Name of Father,* Jacob Lebewohl
9. *Father's Occupation,* Tinner
10. *Father's Birthplace,* Russia

Name of Medical Attendant, or other Person who makes this Return. Mrs. C. Bernstein

Address, 49 S. Exeter st.

Remarks,

HEALTH DEPARTMENT
JAN 27 1886
BALTIMORE, MD.

birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall h[illegible]er fail to comply with the provisions of this section, shall be [illegible]ted to the fine of ten (10) dollars for each offence to be [illegible]red as other fines and forfeitures are recoverable.

Murphy & Co., City Printers and Stationers.

~~8[illegible]26~~

RETURN OF A BIRTH

4-8[illegible]26

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (~~state whether male or~~ female)
2. Race or Color, (~~if not of~~ the white race)
3. Date of Birth. 1.21.86.
4. Place of Birth, (Street and Number) 501 W. Fayette
5. Full Name of Mother, Sallie G. Trower
6. Mother's Maiden Name, Nottingham.
7. Mother's Birthplace, Va.
8. Full Name of Father, Jas. H. Trower.
9. Father's Occupation, Carriage maker
10. Father's Birthplace, Va.

Name of Medical Attendant, or other Person who makes this Return Lewis M. Eastman

Address, 349 Lexl. St

Remarks, Natural —

HEALTH DEPARTMENT
JAN 22 1886
BALTIMORE MD.

should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons [illegible] shall hereafter fail to comply with the provisions of [illegible] section shall be subject to a fine of ten dollars [illegible] each offence, to be recovered as other fines and pena[illegible] re recoverable.

CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

~~8777~~ 9-84627

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report the birth to the Commissioner of Health, in the manner and within the period required, and any such person or persons who shall neglect or fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd Child

1. *Sex, (state whether male or female)* Male

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* January 21st 1896

4. *Place of Birth, (Street and Number)* 244 William St

5. *Full Name of Mother,* Laura Carey

6. *Mother's Maiden Name,* Laura Courtney

7. *Mother's Birthplace,* Virginia

8. *Full Name of Father,* George Carey

9. *Father's Occupation,* Farmer

10. *Father's Birthplace,* Virginia

Name of Medical Attendant, or other Person who makes this Return. Dr. Wade MD

Address, 110 Fort Ave

Remarks,

HEALTH DEPARTMENT JAN 23 1896 BALTIMORE MD

Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

~~84728~~
A-84628

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT,
JAN 25 1886
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) Jewish
3. Date of Birth, ~~205~~ 21 January
4. Place of Birth, (Street and Number) 205 Orleans St
5. Full Name of Mother, Fannie Simon
6. Mother's Maiden Name, " Wall
7. Mother's Birthplace, Europe
8. Full Name of Father, Louis Simon
9. Father's Occupation, watchman
10. Father's Birthplace, England

Name of Medical Attendant, or other Person who makes this Return. Mrs Rosa Ullry

Address, 48 Holland St Balt

Remarks,

certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hen[illegible] fail to comply with the provisions of this section, shall be sub[illegible] to the fine of ten (10) dollars for each offense to be re[illegible]d as other fines and forfeitures are recoverable.

[illegible]rphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

~~8447~~ 84679

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (state whether male or female) Female Bertha Hare
2. Race or Color, (if not of the white race) White
3. Date of Birth 27 of January 1886
4. Place of Birth, (Street and Number) 290 Harford Ave
5. Full Name of Mother, Mary Hare
6. Mother's Maiden Name, Mary Blum
7. Mother's Birthplace, Bto Baltimore
8. Full Name of Father, John Hare
9. Father's Occupation, Painter
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs Christina Sauer

Address, 173 Harford Ave

Remarks, 1886

HEALTH DEPARTMENT JAN 25 1886 BALTIMORE, MD.

certificate between the first and third day of each and every month to the office of the Commissioner of Health, or should no other person birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall be ... fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

~~[illegible]~~ 984630

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Mail
2. Race or Color, (if not of the white race) Collord
3. Date of Birth, Thursday January 21-1886
4. Place of Birth, (Street and Number) Baltimore no 35 Stat St
5. Full Name of Mother, Mary valontime
6. Mother's Maiden Name, Mary mury
7. Mother's Birthplace, kent county
8. Full Name of Father, John valontime
9. Father's Occupation, Coatchmon
10. Father's Birthplace, fredric city

Name of Medical Attendant, or other Person who makes this Return. Sarah duvall

Address, No 9 Jasper St Baltimore md

Remarks,

HEALTH DEPARTMENT JAN 25 1886 BALTIMORE, MD.

certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

rphy & Co., City Printers and Stationers.

RETURN OF A BIRTH.

24631

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4
1. *Sex, (state whether male or female)*	White
2. *Race or Color, (if not of the white race)*	Female
3. *Date of Birth*	Jan. 22. 86
4. *Place of Birth, (Street and Number)*	230. William st
5. *Full Name of Mother,*	Annie. Pentgraft
6. *Mother's Maiden Name,*	Annie Yoster
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	August Pentgraft
9. *Father's Occupation,*	Baker
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Mrs. Amstadt
Address,	
Remarks,	

HEALTH DEPARTMENT
JAN 31 1886
BALTIMORE MD.

...certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall ... fail to comply with the provisions of this section, shall be ... to the fine of ten (10) dollars for each offence to be ... and forfeitures are recoverable.

Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

84632

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
FEB 8 1886
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st Child
1. *Sex, (state whether male or female)*	Female.
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	January 22d 1886.
4. *Place of Birth, (Street and Number)*	106 Barre St.
5. *Full Name of Mother,*	Sophia Cook.
6. *Mother's Maiden Name,*	" Smith.
7. *Mother's Birthplace,*	Balto. City.
8. *Full Name of Father,*	Thomas J. Cook.
9. *Father's Occupation,*	Driver.
10. *Father's Birthplace,*	Worchester Co. Md.
Name of Medical Attendant, or other Person who makes this Return.	R. J. N. Tack, M.D.
Address,	152 Sharp St.
Remarks,	

...y & Co., City Printers and Stationers.

RETURN OF A BIRTH

24633

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of mid wifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall ho[illegible] or fail to comply with the provisions of this section, shall be s[illegible]ed to the fine of ten (10) dollars for each offence to be r[illegible]ed as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) Black

3. Date of Birth, January 22, 1886

4. Place of Birth, (Street and Number) Maternite, 161 W Lombard St

5. Full Name of Mother, Mary Chase

6. Mother's Maiden Name, 2d

7. Mother's Birthplace, MD

8. Full Name of Father, —

9. Father's Occupation, —

10. Father's Birthplace, —

Name of Medical Attendant, or other Person who makes this Return. William F Gardner

Address, Maternite

Remarks,

HEALTH DEPARTMENT, FEB 5 1886, BALTIMORE, MD.

urphy & Co., City Printers and Stationers.

84634

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT, JAN 29 1886 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) colourd
3. Date of Birth January 22
4. Place of Birth (Street and Number) Hoffman st 288
5. Full Name of Mother Mary a Braxton
6. Mother's Maiden Name Mary a Hammond
7. Mother's Birthplace Fedrick county Md
8. Full Name of Father Thomas S th Braxton
9. Father's Occupation Waiter
10. Father's Birthplace Franklin Baltimore C.O.

Name of Medical Attendant, or other Person who makes this Return. A E Bias

Address Biddle st 277

Remarks

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

1114 84635

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race) White
3. Date of Birth Jan 22nd 1886.
4. Place of Birth, (Street and Number) #367 N. Ann St.
5. Full Name of Mother, Christena Schwartz
6. Mother's Maiden Name, " Neettle.
7. Mother's Birthplace, Germany
8. Full Name of Father, Charles Schwartz.
9. Father's Occupation, Bakery
10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs Lena Stillegeist

Address, #182 E. Monument St.

Remarks,

HEALTH DEPARTMENT FEB 3 1886 BALTIMORE, MD

parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereby fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

n Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

8636

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	22nd January 1886
4. *Place of Birth, (Street and Number)*	359 N Lombard
5. *Full Name of Mother,*	Kate Jeffries
6. *Mother's Maiden Name,*	Whitehead
7. *Mother's Birthplace,*	Balt.
8. *Full Name of Father,*	John Jeffries
9. *Father's Occupation,*	Carpenter
10. *Father's Birthplace,*	Balt
Name of Medical Attendant, or other Person who makes this Return.	H W Webster
Address,	101 Barnes
Remarks,	

HEALTH DEPARTMENT
FEB 2 1886
REGISTERED

certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

phy & Co., City Printers and Stationers.

RETURN OF A BIRTH.

84637

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	7th
1. *Sex, (state whether male or female)*	male
2. *Race or Color, (if not of the white race)*	Colored
3. *Date of Birth*	Jan-22nd 1886
4. *Place of Birth, (Street and Number)*	5 Little Pine street
5. *Full Name of Mother,*	Mrs Williams
6. *Mother's Maiden Name,*	
7. *Mother's Birthplace,*	Balto md.
8. *Full Name of Father,*	Mathew Williams
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	Prince George Co. md.
Name of Medical Attendant, or other Person who makes this Return.	Hester Valence
Address,	39 Little monument st
Remarks,	

HEALTH DEPARTMENT, MAR 5 1886 BALTIMORE, MD

certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall have failed to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

n Murphy & Co., City Printers and Stationers.

84638

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second Child.

1. *Sex, (state whether male or female)* Male.
2. *Race or Color, (if not of the white race)* White.
3. *Date of Birth,* Jan 22nd 1886
4. *Place of Birth, (Street and Number)* 416 Easternave Ave.
5. *Full Name of Mother,* Fredrick Fink.
6. *Mother's Maiden Name,* Smith.
7. *Mother's Birthplace,* Baltimore.
8. *Full Name of Father,* William Fink.
9. *Father's Occupation,* Sigar Maker.
10. *Father's Birthplace,* Germany.

Name of Medical Attendant, or other Person who makes this Return. Mrs. Wiley.

Address, 12 Patterson Park Ave.

Remarks,

HEALTH DEPARTMENT, JAN 26 1886 BALTIMORE, MD.

cer incate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

rphy & Co., City Printers and Stationers.

RETURN OF A BIRTH 84639

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
JAN 26 1886
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Col'd
3. *Date of Birth,* Jan 22/86
4. *Place of Birth, (Street and Number)* 23 Vincent St
5. *Full Name of Mother,* Eliza Stones
6. *Mother's Maiden Name,* Eliza Stones
7. *Mother's Birthplace,* Md
8. *Full Name of Father,* Luke Reed
9. *Father's Occupation,* Gardener
10. *Father's Birthplace,* Va

Name of Medical Attendant, or other Person who makes this Return. Jane Marshall

Address,

Remarks,

certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health. In the manner and within the period above required, and any such person or persons who shall neglect or fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

84 640

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall here fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 12th

1. Sex, (state whether male or female) M.

2. Race or Color, (if not of the white race) Col'd

HEALTH DEPARTMENT, JAN 26 1886 BALTIMORE MD.

3. Date of Birth, Jan 20/86

4. Place of Birth, (Street and Number) 10 Bonneet

5. Full Name of Mother, Maggie Owens

6. Mother's Maiden Name, Maggie Eddes

7. Mother's Birthplace, Harford Co. Md

8. Full Name of Father, John Owens

9. Father's Occupation, Laborer

10. Father's Birthplace, Harford Co Md

Name of Medical Attendant, or other Person who makes this Return. Jane Goodland

Address,

Remarks,

Murphy & Co., City Printers and Stationers.

84641

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, JAN 27 1886 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Jan 22 86
4. *Place of Birth, (Street and Number)* # 191 Light St.
5. *Full Name of Mother,* Mary Kalbfrisch
6. *Mother's Maiden Name,* " Weigand
7. *Mother's Birthplace,* Prussia
8. *Full Name of Father,* Henry Kalbfrisch
9. *Father's Occupation,* Restaurant
10. *Father's Birthplace,* Prussia

Name of Medical Attendant, or other Person who makes this Return. Mary Koch

Address, # 328 S. Eutaw St.

Remarks,

parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period ab[illegible]equired, and any such person or persons who shall he[illegible] fail to comply with the provisions of this section, shall be su[illegible]d to the fine of ten (10) dollars for each offense to be re[illegible]d as other fines and forfeitures are recoverable.

Murphy & Co. City Printers and Stationers

24642

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) fourth.

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 22. January.
4. Place of Birth, (Street and Number) No. 235 N. Ann St.
5. Full Name of Mother, Mary Matilda Hill
6. Mother's Maiden Name, Pruty
7. Mother's Birthplace, Baltimore
8. Full Name of Father, James C. Hill
9. Father's Occupation, Bookkeeper
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Louisa Schulte

Address, No. 446. E. Chew St.

Remarks,

HEALTH DEPARTMENT JAN 23 1900 BALTIMORE, MD.

duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

Y PRINTERS AND STATIONERS.

RETURN OF A BIRTH

84643

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
JAN 25 1886
BALTIMORE MD

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd Child

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 22 nd of January 1886
4. *Place of Birth, (Street and Number)* 412 Madison street
5. *Full Name of Mother,* Nannie Halleday
6. *Mother's Maiden Name,* Nannie Brite
7. *Mother's Birthplace,* Annaplas
8. *Full Name of Father,* Same Brite
9. *Father's Occupation,* Tinner
10. *Father's Birthplace,* Annaplas

Name of Medical Attendant, or other Person who makes this Return. Crescintia Kunkel

Address, 71 North Chapel street per Justina Kunkel

Remarks, Healthy.

Report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

& Co., City Printers and Stationers.

RETURN OF A BIRTH. 84644

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth 22 of January 1886
4. Place of Birth, (Street and Number) 96 Sommerset St
5. Full Name of Mother, Mary Reed
6. Mother's Maiden Name, Mary Ernst
7. Mother's Birthplace, Baltimore
8. Full Name of Father, John Reed
9. Father's Occupation, Curior
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs S. Christina Sauer

Address, 173 Harford Ave

Remarks, 1885.

HEALTH DEPARTMENT, JAN 25 1886 BALTIMORE, MD.

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

...hy & Co., City Printers and Stationers.

RETURN OF A BIRTH

84645

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, JAN 25 1886 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, January 23 1886
4. Place of Birth, (Street and Number) 148 Pitt Fremont
5. Full Name of Mother, Emma J Marsh
6. Mother's Maiden Name, Emma J Kauffman
7. Mother's Birthplace, York Pa
8. Full Name of Father, Chas H Marsh
9. Father's Occupation, Traveling Salesman
10. Father's Birthplace, Oxford Township Erie Co Ohio

Name of Medical Attendant, or other Person who makes this Return. Susan Hunter

Address, 21 N Poppleton St

Remarks, Child lived 30 hours Spasms

John J Andrews Undertaker No 4 Druid Hill Ave

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

Co., City Printers and Stationers.

NOTICE

The succeeding document was received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

84646

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* Jan 23 1886
4. *Place of Birth, (Street and Number)* 24 Cross St
5. *Full Name of Mother,* Sarah Smith
6. *Mother's Maiden Name,* Sarah Marble
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* S Huper Smith
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Snow hill

Name of Medical Attendant, or other Person who makes this Return. Mrs Ann Nash

Address,

Remarks,

HEALTH DEPARTMENT, JAN ... BALTIMORE, MD.

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

...hy & Co., City Printers and Stationers.

RETURN OF A BIRTH, 24649

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 26 1886 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether male or female)* Male

2. *Race or Color, (if not of the white race)* white

3. *Date of Birth* January 23. 1886

4. *Place of Birth, (Street and Number)* 62 N Paul St.

5. *Full Name of Mother* Philomena Mitchell

6. *Mother's Maiden Name* Miranda

7. *Mother's Birthplace* St Augustine. Florida

8. *Full Name of Father* Joseph H. Mitchell

9. *Father's Occupation* Police officer -

10. *Father's Birthplace* Dorchester Co. Md

Name of Medical Attendant, or other Person who makes this Return. A. Talbott MD

Address 282 W. Pombord St

Remarks

Name of the Mother of each child of children.

RETURN OF A BIRTH

84648

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT, JAN 26 1886, BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3
1. *Sex, (state whether male or female)*	Male.
2. *Race or Color, (if not of the white race)*	White.
3. *Date of Birth,*	Jany. 23. 1886.
4. *Place of Birth, (Street and Number)*	Benton Hotel, Park Ave.
5. *Full Name of Mother,*	Anna Dietz.
6. *Mother's Maiden Name,*	" Gaither.
7. *Mother's Birthplace,*	Baltimore.
8. *Full Name of Father,*	W. C. Dietz.
9. *Father's Occupation,*	Book-keeper.
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Thomas Opie M.D.
Address,	179 N. Howard St
Remarks,	

T, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH

82649

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
JAN 26 1886
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) [illegible]

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, Jan 23/86

4. Place of Birth, (Street and Number) 27 Vincent St

5. Full Name of Mother. Lizzie Browning

6. Mother's Maiden Name, Lizzie Browning

7. Mother's Birthplace. Md

8. Full Name of Father, Chas Brown

9. Father's Occupation. Laborer

10. Father's Birthplace. Md

Name of Medical Attendant, or other Person who makes this Return. Jane Woodland

Address.

Remarks,

Report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

A Co., City Printers and Stationers.

GIVEN NAME ADDED 8-26-55

RETURN OF A BIRTH

81650

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Lula Marshall

HEALTH DEPARTMENT, JAN 27 1886 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Light complexion
3. *Date of Birth,* January 23rd 1886
4. *Place of Birth, (Street and Number)* No 76 Perry Al
5. *Full Name of Mother,* Fannie Marshal
6. *Mother's Maiden Name,* " Walker
7. *Mother's Birthplace,* Virginia
8. *Full Name of Father,* Augustus Marshal
9. *Father's Occupation,* Waiter
10. *Father's Birthplace,* Virginia

Name of Medical Attendant, or other Person who makes this Return. Amelia Johnson

Address,

Remarks,

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH

82651

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) White

3. Date of Birth, 23rd January 1886

4. Place of Birth, (Street and Number) 65 Druid Hill Ave

5. Full Name of Mother, Josephine Faugmann

6. Mother's Maiden Name, Josephine Fiske

7. Mother's Birthplace, Essen Oldenburg

8. Full Name of Father, Theodore Faugmann

9. Father's Occupation, Cigarmaker

10. Father's Birthplace, Ostfriesland Oldenburg

Name of Medical Attendant, or other Person who makes this Return. Susan Hunter

Address, 21 N Appleton St

Remarks,

HEALTH DEPARTMENT JAN 28 1886 BALTIMORE MD

Report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

& Co., City Printers and Stationers.

RETURN OF A BIRTH

82652

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 Child

1. Sex, (state whether male or female) Girl

2. Race or Color, (if not of the white race) White Race

3. Date of Birth, 23rd of January 1886

4. Place of Birth, (Street and Number) Cor Monroe and Wilhen ave

5. Full Name of Mother, Mrs. Marreta Nissel

6. Mother's Maiden Name, Miss Marreta ~~Smit~~ Stmitt

7. Mother's Birthplace, Born Bayer Germany

8. Full Name of Father, Mr Conrad Nissel

9. Father's Occupation, Laboror

10. Father's Birthplace, Born Bayer Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs Killer

Address, 1017 west Pratt st city

Remarks,

HEALTH DEPARTMENT JAN 28 1886 BALTIMORE

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH.

82653

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
JAN 25 1886
BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	5th
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	January 23rd 1886
4. Place of Birth (Street and Number)	147 Sterling St
5. Full Name of Mother	Emma J. Scott
6. Mother's Maiden Name	Lance
7. Mother's Birthplace	Carroll Co. Md.
8. Full Name of Father	W. R. Scott
9. Father's Occupation	Locomotive Engineer
10. Father's Birthplace	New Orleans La
Name of Medical Attendant, or other Person who makes this Return.	J. E. Lindsay M. D.
Address	28 Read St
Remarks	

of the parents, and the maiden name of the mother of such child or children.

82/65 24

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Jany 23/86
4. *Place of Birth, (Street and Number)* 303 Columbia Ave
5. *Full Name of Mother,* Sarah Melvin
6. *Mother's Maiden Name,* " Stallings
7. *Mother's Birthplace,* Cty
8. *Full Name of Father,* Wm Melvin
9. *Father's Occupation,* Carr Maker
10. *Father's Birthplace,* Cty

Name of Medical Attendant, or other Person who makes this Return. Jno D Blake MD

Address,

Remarks,

HEALTH DEPARTMENT, APR 7 1886 BALTIMORE, MD.

[illegible] report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

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8465

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, APR 7 1886 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Jan 23/86
4. *Place of Birth, (Street and Number)* 73 Wash R
5. *Full Name of Mother,* Susan F Hews
6. *Mother's Maiden Name,* " " Baldwin
7. *Mother's Birthplace,* Md
8. *Full Name of Father,* Geo H Hews
9. *Father's Occupation,* Boiler Maker
10. *Father's Birthplace,* England

Name of Medical Attendant, or other Person who makes this Return. Geo D Blake Md

Address,

Remarks,

[illegible] report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

& Co., City Printers and Stationers.

RETURN OF A BIRTH.

82456

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth June 23rd.
4. Place of Birth, (Street and Number) 45-N Arlington Ave
5. Full Name of Mother, Mrs. Ellen Zadamia
6. Mother's Maiden Name, Ellen Yeatman
7. Mother's Birthplace, Md
8. Full Name of Father, Abel Zadamia
9. Father's Occupation, Telephone Co. Employee
10. Father's Birthplace, Md.

Name of Medical Attendant, or other Person who makes this Return. H. Hill M.D.

Address, 26 E. Edmondson Ave

Remarks,

HEALTH DEPART... FEB ... BALTIMORE MD

...phy & Co., City Printers and Stationers.

RETURN OF A BIRTH

84657

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT FEB 1886 BALTIMORE, MD

No. of Child of Mother, (state whether ~~1st, 2d~~, 3d, &c.) 3d

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, January 23d/886
4. Place of Birth, (Street and Number) No 221 Hanover st
5. Full Name of Mother, Anie Barlage
6. Mother's Maiden Name, Anie Ginter
7. Mother's Birthplace, Adams Co. Pa.
8. Full Name of Father, Bernard Barlage
9. Father's Occupation, Grocer & Provisions
10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other Person who makes this Return. Mrs Munch

Address, Nos Leadenhall St,

Remarks,

be in attendance upon the mother, immediately on the birth of the mother, and within the period above required, and any such person report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

& Co., City Printers and Stationers.

RETURN OF A BIRTH

8658

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	8th
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	23rd Jan 1886
4. *Place of Birth, (Street and Number)*	164 Battery Ave
5. *Full Name of Mother,*	Mariah Virginia Ford
6. *Mother's Maiden Name,*	Mariah Virginia Nunnally
7. *Mother's Birthplace,*	Richmond Va.
8. *Full Name of Father,*	Charles Edward Ford
9. *Father's Occupation,*	Engineer
10. *Father's Birthplace,*	Baltimore Md
Name of Medical Attendant, or other Person who makes this Return	Mrs Conway
Address,	Battery Ave
Remarks,	

HEALTH DEPARTMENT, JAN 29 1886 BALTIMORE, MD.

duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

BY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

24659

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT, JAN 30 1886 BALTIMORE MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th child.

1. *Sex (state whether male or female)* Male
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* January 23rd 1886
4. *Place of Birth (Street and Number)* 12 Jefferson St.
5. *Full Name of Mother* Sarah L. Bantum
6. *Mother's Maiden Name* Bright
7. *Mother's Birthplace* Dorchester County Md.
8. *Full Name of Father* John L. Bantum
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Caroline Co. Md.

Name of Medical Attendant, or other Person who makes this Return. Francis A. Sause M.D.

Address 108 N. Central Ave.

Remarks.

name of the mother of such child or children.

RETURN OF A BIRTH

$4660

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
JAN 30 1886
BALTIMORE MD

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, January 23rd 1886
4. Place of Birth, (Street and Number) No. 3 Maldeis St
5. Full Name of Mother, Fannie M. Burkman
6. Mother's Maiden Name, Fannie M. Belt
7. Mother's Birthplace, Fredrick Md
8. Full Name of Father, Jno. Burkman
9. Father's Occupation, Packer (Tobacco)
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return, Chas Lange

Address, 426 Cross Street

Remarks,

report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

& Co., City Printers and Stationers.

RETURN OF A BIRTH

8466 1

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race)

3. Date of Birth, January 23th 1886

4. Place of Birth, (Street and Number) Baltimore City Bussby St No 44

5. Full Name of Mother, Lena Miller

6. Mother's Maiden Name, Lena Mullay

7. Mother's Birthplace, Baltimore City

8. Full Name of Father, John Miller

9. Father's Occupation, Laboar

10. Father's Birthplace, Germanyey

Name of Medical Attendant, or other Person who makes this Return. Mrs M Shaffer

Address, No 37 Sasfras St

Remarks,

HEALTH DEPARTMENT ... PORT, MD.

be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

y & Co., City Printers and Stationers.

RETURN OF A BIRTH

84662

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Jan 23 ed
4. *Place of Birth, (Street and Number)* 60 Ramsey st
5. *Full Name of Mother,* Sarah Kinsey
6. *Mother's Maiden Name,* Burns
7. *Mother's Birthplace,* Balto.
8. *Full Name of Father,* Mahlen Kinsey
9. *Father's Occupation,* Moulder
10. *Father's Birthplace,* Balto.

Name of Medical Attendant, or other Person who makes this Return. A. S. Buddenbo Ln M.D.

Address, 166 S. Paca st

Remarks,

HEALTH DEPARTMENT FEB 3 1902 BALTIMORE, MD.

...be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

...y & Co., City Printers and Stationers.

RETURN OF A BIRTH

S2166 B

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 3 1886 BALTIMORE MD

[redacted] of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Male

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* 23d Jan. 86

4. *Place of Birth, (Street and Number)* 347 E. Balto St.

5. *Full Name of Mother,* Emma Louisa Keller

6. *Mother's Maiden Name,* Nash

7. *Mother's Birthplace,* City

8. *Full Name of Father,* Richard A. Keller

9. *Father's Occupation,* Merchant

10. *[redacted]ather's Birthplace,* N. York

Name of Medical Attendant, or other Person who makes this Return E. P. Ives M.D.

Address, 375 E. Balto St.

Remarks,

LANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

8466

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 8th

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) colt.
3. Date of Birth January 23. 1886
4. Place of Birth, (Street and Number) 105 N. Biddle St
5. Full Name of Mother, Margaret Rowston
6. Mother's Maiden Name, " McLean
7. Mother's Birthplace, Md
8. Full Name of Father, Robert Rowston
9. Father's Occupation, Clerk
10. Father's Birthplace, Ireland

Name of Medical Attendant, or other Person who makes this Return. G Lane Tannyhill

Address, 719 Madison ave

Remarks, Mother had pneumonia at the time: premature labor: 7 months gestation: child lived 25 hours: mother had septicaemia recovered -

HEALTH DEPARTMENT
FEB 20 1886
BALTIMORE MD.

be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

urphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

8/1665

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

In accordance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

HEALTH DEPARTMENT
JAN 25 1886
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 23 of January 1886
4. *Place of Birth, (Street and Number)* 19 Barnes St
5. *Full Name of Mother,* Mary Bertrand
6. *Mother's Maiden Name,* Mary Murree
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* John Bertrand
9. *Father's Occupation,* Plasterer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs Christina Sauer

Address, 173 Harford Ave

Remarks, 1886

RETURN OF A BIRTH. 84666

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
JAN 25 1886
BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Fourth

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* January 24 - 1886
4. *Place of Birth, (Street and Number)* 50 Hanover St cor of Columbia
5. *Full Name of Mother,* Bessie Mc Variety,
6. *Mother's Maiden Name,* " Hanley,
7. *Mother's Birthplace,* Ireland,
8. *Full Name of Father,* Patrick Mc Variety
9. *Father's Occupation,* Saloon Keeper
10. *Father's Birthplace,* Ireland

Name of Medical Attendant, or other Person who makes this Return. John Morris, M.D.

Address, 5 Franklin St.

Remarks,

birth of any child shall occur without the attendance of a physician or practitioner of the same, or some other person to be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

8/1667

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Sixth Child

1. *Sex, (state whether male or female)* Male.
2. *Race or Color, (if not of the white race)* White.
3. *Date of Birth,* Jan 24th 1886.
4. *Place of Birth, (Street and Number)* 17 Burke St.
5. *Full Name of Mother,* Mary Brown.
6. *Mother's Maiden Name,* Winkans.
7. *Mother's Birthplace,* Baltimore.
8. *Full Name of Father,* Charles Brown.
9. *Father's Occupation,* Laborer.
10. *Father's Birthplace,* Baltimore.

Name of Medical Attendant, or other Person who makes this Return. Mrs. Wiley.

Address, 12 Patterson Park Ave.

Remarks,

HEALTH DEPARTMENT
JAN 26 1886
BALTIMORE, MD.

...report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

82668

HEALTH DEPARTMENT
JAN 26 1886
BALTIMORE MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) M.

2. Race or Color, (if not of the white race) Col'd

3. Date of Birth, Jan 24/86

4. Place of Birth, (Street and Number) 77 Vincent St

5. Full Name of Mother, Lizzie Kellum

6. Mother's Maiden Name, Lizzie Tilden

7. Mother's Birthplace, Md

8. Full Name of Father, Robt Kellum

9. Father's Occupation, Horse Carrier

10. Father's Birthplace, Md

Name of Medical Attendant, or other Person who makes this Return. Jane Copeland

Address, 16 Jane St

Remarks,

be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

...r & Co. City Printers and Stationers

Missing

84667-84679, incl.

NOTICE

The succeeding documents were received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

RETURN OF A BIRTH

B 16680

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 13th.

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* January 8 6

4. *Place of Birth, (Street and Number)* No 173 Chestnut St.

5. *Full Name of Mother,* Mary Mealy

6. *Mother's Maiden Name,* Mary McCall

7. *Mother's Birthplace,* Baltimore

8. *Full Name of Father,* John Mealy

9. *Father's Occupation,* Runner

10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. H. F. Bull

Address, 185 S.E. cor Central av. & Monument St.

Remarks, All Well

J. B

HEALTH DEPT. FEB 7 BALTIMORE

certificate between the 1st and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall neglect or fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

phy & Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

12681

certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th Child

1. Sex, (state whether male or female) Col male

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, Sunday 24 Jany 86

4. Place of Birth, (Street and Number) Balto Hughes St 235

5. Full Name of Mother, Ellie Darley

6. Mother's Maiden Name, Brown

7. Mother's Birthplace, Taylor Island, md.

8. Full Name of Father, Lloyd W. Darley

9. Father's Occupation, Bricklaying and Jobbing Plastering

10. Father's Birthplace, Annerundall County md

Name of Medical Attendant, or other Person who makes this Return — no medical attendant except midwife

Address, Sarah ann Willson

Remarks, 252 Hughes

HEALTH DEPARTMENT JAN 27 1886 BALTIMORE MD.

...TORS AND STATIONERS.

RETURN OF A BIRTH. 82484

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* 24 January
4. *Place of Birth, (Street and Number)* 964 Hanover St
5. *Full Name of Mother,* Lena Bengler
6. *Mother's Maiden Name,* Lena Nagle
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Henry Bengler
9. *Father's Occupation,* Shoemaker
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Clinical Graduate

Address, No. 28 West St

Remarks,

HEALTH DEPARTMENT JAN 28 1883 BALTIMORE

...n Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

82/6 83

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) Jewish
3. Date of Birth, 24 January
4. Place of Birth, (Street and Number) 392 S. Gay St.
5. Full Name of Mother, Maukie Friedman
6. Mother's Maiden Name, " Moses
7. Mother's Birthplace, Poland
8. Full Name of Father, Simon Friedman
9. Father's Occupation, Tailor
10. Father's Birthplace, Poland

Name of Medical Attendant, or other Person who makes this Return. Mrs Rosa Ullry

Address, 48 Holland St

Remarks, Balt

HEALTH DEPARTMENT
JAN 25 1886
BALTIMORE, MD.

certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall here[illegible] fail to comply with the provisions of this section, shall be subj[illegible] to the fine of ten (10) dollars for each offense to be rec[illegible] as other fines and forfeitures are recoverable.

urphy & Co., City Printers and Stationers.

RETURN OF A BIRTH.

8/6/84

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) ~~2~~ 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth Jan. 25th 1886
4. Place of Birth, (Street and Number) 282 Myrtle Ave
5. Full Name of Mother, Elizabeth Meukert
6. Mother's Maiden Name, Ulrich
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Frederick Meukert
9. Father's Occupation, Merchant
10. Father's Birthplace, Baltimore Maryland

Name of Medical Attendant, or other Person who makes this Return. J. H. Scruff M.D.

Address, Charles & Centre Sts

Remarks, Born pregnancy second child ~~twin~~ born

HEALTH DEPARTMENT, JAN 25 1886 BALTIMORE, MD.

certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall have fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

S21685

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Balto Jan 27th 1886

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) White
3. Date of Birth, Balto Jan 25th 1886
4. Place of Birth, (Street and Number) 138 East Bank St.
5. Full Name of Mother, Lizzie Reinhardt
6. Mother's Maiden Name, Lizzie Pombach
7. Mother's Birthplace, America
8. Full Name of Father, Philipp Reinhardt.
9. Father's Occupation, Laborer.
10. Father's Birthplace, America.

Name of Medical Attendant, or other Person who makes this Return. Mrs. Mary Amend.

Address, 137 South Wolfe St.

Remarks, 0 4

HEALTH DEPARTMENT
JAN 27 1886
BALTIMORE MD

birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall neglect or fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

rphy & Co., City Printers and Stationers.

111

RETURN OF A BIRTH.

24686

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) First & child

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth 25 of January

4. Place of Birth, (Street and Number) 84 W Baltimore

5. Full Name of Mother, Annie Vath

6. Mother's Maiden Name, Annie Wetty

7. Mother's Birthplace, Baltimore

8. Full Name of Father, John Vath

9. Father's Occupation, Black Smith

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. Salina Greshaber

Address, No 128 West St

Remarks,

HEALTH DEPARTMENT
JAN 28 1886
BALTIMORE MD.

certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall neglect or fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

Murphy & Co., City Printers and Stationers.

84687

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* 25 of January
4. *Place of Birth, (Street and Number)* No. 10 Potapsco St
5. *Full Name of Mother,* Mary Snyder
6. *Mother's Maiden Name,* Mary Jager
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Arthur Snyder
9. *Father's Occupation,* Pattern maker
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Sabina Greshaber

Address, No. 128 West St

Remarks,

HEALTH DEPARTMENT JAN 26 1889 BALTIMORE

certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall here[illegible] fail to comply with the provisions of this section, shall be sub[illegible]d to the fine of ten (10) dollars for each offence to be rec[illegible]d as other fines and forfeitures are recoverable.

Murphy & Co., City Printers and Stationers.

birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

54688

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* den 25 Januar
4. *Place of Birth, (Street and Number)* South Ann Street No 286
5. *Full Name of Mother,* Amalie Wilhelmine Scherell
6. *Mother's Maiden Name,* geb. Rochlich
7. *Mother's Birthplace,* Mühlroff Königreich Sachsen Germanien
8. *Full Name of Father,* Johann Scherff
9. *Father's Occupation,* Mach Maschinist
10. *Father's Birthplace,* Wien Niederoesterreich

Name of Medical Attendant, or other Person who makes this Return. Christine Mueller Midwife

Address, South Ann Street No 286

Remarks,

HEALTH DEPART... BALTIMORE MD

...hy & Co., City Printers and Stationers.

NOTICE

The succeeding document was received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex, (state whether male or female)*
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,*
4. *Place of Birth, (Street and Number)*
5. *Full Name of Mother,*
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,*
8. *Full Name of Father,*
9. *Father's Occupation,*
10. *Father's Birthplace,*

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

HEALTH DEPARTMENT
BALTIMORE, MD.

birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be r... ed as other fines and forfeitures are recoverable.

phy & Co., City Printers and Stationers.

RETURN OF A BIRTH

84690

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, Jan 25th 1886
4. Place of Birth, (Street and Number) 288 S Bond St
5. Full Name of Mother, Bertha Miller
6. Mother's Maiden Name, " Herman
7. Mother's Birthplace, Germany
8. Full Name of Father, John Miller
9. Father's Occupation, Laborer
10. Father's Birthplace, City

Name of Medical Attendant, or other Person who makes this Return. Mrs Elizabeth Betz

Address, 120 Bank St

Remarks,

HEALTH DEPARTMENT

certificate between the first and third day of each and every month to the Office of the Commissioner of Health, or shall no other person birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall here[illegible] fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be rec[illegible] as other fines and forfeitures are recoverable.

[illegible]rphy & Co., City Printers and Stationers.

RETURN OF A BIRTH. 24691

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall neglect or fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	first
1. *Sex*, (state whether male or female)	male
2. *Race or Color*, (if not of the white race)	White
3. *Date of Birth*	25 Jan 1886
4. *Place of Birth*, (Street and Number)	329 N. Durham St
5. *Full Name of Mother*,	Fronie Komenda
6. *Mother's Maiden Name*,	" " Humpal
7. *Mother's Birthplace*,	Bohemia
8. *Full Name of Father*,	Frank Komenda
9. *Father's Occupation*,	Tailor
10. *Father's Birthplace*,	Bohemia
Name of Medical Attendant, or other Person who makes this Return.	Josephine Conrad
Address,	20 Barnes St.
Remarks,	

HEALTH DEPART

Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) Col'd
3. Date of Birth, Jany 25th 1886
4. Place of Birth, (Street and Number) 6d Edmondson Ave
5. Full Name of Mother, Annie Launtleroy
6. Mother's Maiden Name, Same
7. Mother's Birthplace, Va
8. Full Name of Father, —
9. Father's Occupation, —
10. Father's Birthplace, —

Name of Medical Attendant, or other Person who makes this Return: J. M. Hundley M.D

Address: 22 Edmondson ave

Remarks:

HEALTH DEPARTMENT JAN 29 1886 BALTIMORE MD

should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

CITY PRINTERS AND STATIONERS.

birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be re... as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

8469 3

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPART... BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th children

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) ~~Colored~~ Child

3. Date of Birth, January 25th 1886

4. Place of Birth, (Street and Number) 1035 State

5. Full Name of Mother, Mrs Susan Smith

6. Mother's Maiden Name, Miss Susan Boberson

7. Mother's Birthplace, Essex County Va

8. Full Name of Father, Mr Samuel. B. Smith

9. Father's Occupation, Porter

10. Father's Birthplace, Baltimore City Md

Name of Medical Attendant, or other Person who makes this Return. Mrs Sarah Devoll

Address, N 9 Jasper St

Remarks,

...hy & Co., City Printers and Stationers.

84694

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, FEB 1886 BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Seventh.

1. *Sex, (state whether male or female)* Female.
2. *Race or Color, (if not of the white race)* White.
3. *Date of Birth* January 25, 1886.
4. *Place of Birth, (Street and Number)* Harford & North ave, (county)
5. *Full Name of Mother,* Frances Thomas.
6. *Mother's Maiden Name,* —
7. *Mother's Birthplace,* Maryland.
8. *Full Name of Father,* John Thomas.
9. *Father's Occupation,* Laborer.
10. *Father's Birthplace,* Germany.

Name of Medical Attendant, or other Person who makes this Return. Aug. A. Clewell, M.D.

Address, 559 Harford ave.

Remarks,

birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
FEB 1 1886
BALTIMORE MD

be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 25 Jan
4. *Place of Birth, (Street and Number)* 432 canton
5. *Full Name of Mother,* Mary breck
6. *Mother's Maiden Name,* ~~Otto~~ Mary Slifer
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Otto breck
9. *Father's Occupation,* Labor
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return. Elizza Gray

Address, 193 Chester St

Remarks, ~~twins~~ Male Child

RETURN OF A BIRTH

8246

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	January 28th 1886
4. *Place of Birth, (Street and Number)*	194 Lt St
5. *Full Name of Mother,*	Jennie Denny
6. *Mother's Maiden Name,*	Jennie Bitz
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Walter Denny
9. *Father's Occupation,*	Dairy Man
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	E B Noble M.D.
Address,	08 Harrison Ave
Remarks,	

RETURN OF A BIRTH. 8697

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
FEB 2 1899
BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	Col'd
3. *Date of Birth*	Jan 25 th 1899
4. *Place of Birth, (Street and Number)*	20 Dover Street
5. *Full Name of Mother,*	Amelia Mears
6. *Mother's Maiden Name,*	Amelia Holland
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	John Mears
9. *Father's Occupation,*	Sailor
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Margaret Davis
Address,	624 Elbow Lane
Remarks,	Fine Colored

Birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall here[illegible] fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be re[illegible] as other fines and forfeitures are recoverable.

Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH.

84698

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth Jan 26 1896
4. Place of Birth, (Street and Number) 129 Hill St
5. Full Name of Mother, Ida E Coy
6. Mother's Maiden Name, Ida Waters
7. Mother's Birthplace, Anderson County Va
8. Full Name of Father, Thomas E Coy
9. Father's Occupation, Laborer
10. Father's Birthplace, Portsmouth Va

Name of Medical Attendant, or other Person who makes this Return. Charlotte H Williams

Address, 1624 E. Lombard St

Remarks, Five dollars

HEALTH DEPART... FEB 2 1896 BALTIMORE

birth of any child shall occur without the attendance of a Physician or Midwife, or whoever of the person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be rec... as other fines and forfeitures are recoverable.

...urphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

84699

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* January 25th 1886
4. *Place of Birth, (Street and Number)* 142 Elliott street
5. *Full Name of Mother,* Kate A. Harrison
6. *Mother's Maiden Name,* Kate A Ahern
7. *Mother's Birthplace,* Baltimore City
8. *Full Name of Father,* Thomas M. Harrison
9. *Father's Occupation,* ship Carpenter
10. *Father's Birthplace,* Baltimore City

Name of Medical Attendant, or other Person who makes this Return. Mrs Sarah Sullens

Address, 104 Curley street Canton

Remarks,

HEALTH DEPARTMENT FEB 2 1886 BALTIMORE, MD.

birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be re[illegible]d as other fines and forfeitures are recoverable.

hy & Co., City Printers and Stationers.

RETURN OF A BIRTH

84700

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT FEB 2 1886 BALTIMORE MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* January the 25 1886
4. *Place of Birth, (Street and Number)* Columbia Ave No 274
5. *Full Name of Mother,* Magie gipson
6. *Mother's Maiden Name,* Magie gavern
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Robert gipson
9. *Father's Occupation,* core maker
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs S Kelley

Address, No 797 Pratt St

Remarks,

...y & Co., City Printers and Stationers.

RETURN OF A BIRTH

84701

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* January the 28 1886
4. *Place of Birth, (Street and Number)* Gilmore st No 121
5. *Full Name of Mother,* Caroline V Smith
6. *Mother's Maiden Name,* Caroline V Littrer
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* John R Smith
9. *Father's Occupation,* Carpenter
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs S Kelly

Address, No 797 Pratt st

Remarks,

HEALTH DEPARTMENT FEB 2 1886 BALTIMORE

be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

& Co., City Printers and Stationers.

RETURN OF A BIRTH

84702

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* January 23/85
4. *Place of Birth, (Street and Number)* S. Durham St.
5. *Full Name of Mother,* Maggie Krug
6. *Mother's Maiden Name,* Sanderbeck
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Max Krug
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs. Louise Kraft.

Address, 142 S. Washington St.

Remarks,

HEALTH DEPARTMENT, FEB 10 1886 BALTIMORE, MD.

...e in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

...y & Co., City Printers and Stationers.

RETURN OF A BIRTH

84703

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 birth

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* 25 Januar
4. *Place of Birth, (Street and Number)* Wolfstr. No 51
5. *Full Name of Mother,* Lina Wikman
6. *Mother's Maiden Name,* " " Muller
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* August Wikman
9. *Father's Occupation,* Seeman
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Address, Mrs. Maurer

Remarks,

Centre Market Space No 25

HEALTH DEPARTMENT, FEB 20 1886 BALTIMORE

be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

84704

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 7 the

1. *Sex*, (state whether male or female) Male
2. *Race or Color*, (if not of the white race) White
3. *Date of Birth* 25 of January
4. *Place of Birth*, (Street and Number) 552 Canton Row
5. *Full Name of Mother*, Mary Kluge
6. *Mother's Maiden Name*, = Feid
7. *Mother's Birthplace*, Balt
8. *Full Name of Father*, Ignaf Kluge
9. *Father's Occupation*, ~~St~~ Kopper
10. *Father's Birthplace*, Balt

Name of Medical Attendant, or other Person who makes this Return. Mrs E. Weiss

Address, 424 Lancaster St.

Remarks,

HEALTH DEPARTMENT FEB 24 1898 BALTIMORE MD

rphy & Co., City Printers and Stationers.

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

84705

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPT. FEB 3 1886 BALTIMORE MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* January 26th 1886
4. *Place of Birth (Street and Number)* 11 Hilken St
5. *Full Name of Mother* Thomalina McCoy
6. *Mother's Maiden Name* ——
7. *Mother's Birthplace* ——
8. *Full Name of Father* A. McCoy
9. *Father's Occupation* Barber
10. *Father's Birthplace* ——

Name of Medical Attendant, or other Person who makes this Return. P. M. Grabowski M.D.

Address 115 Front St

Remarks

RETURN OF A BIRTH

84706

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex, (state whether male or female)*
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 42 Brome St.
4. *Place of Birth, (Street and Number)* 26 Jany 1886.
5. *Full Name of Mother,* Mrs. Eliz Mary Lanpher
6. *Mother's Maiden Name,* Eliz Mary Abrahams
7. *Mother's Birthplace,* Balto.
8. *Full Name of Father,* Oakland Lanpher
9. *Father's Occupation,* Bookkeeper
10. *Father's Birthplace,* Usa

Name of Medical Attendant, or other Person who makes this Return. A. F. Leonard MD.

Address, 300 E. Balt. St.

Remarks,

HEALTH DEPARTMENT
FEB 16 1886
BALTIMORE, MD.

be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

& Co., City Printers and Stationers.

RETURN OF A BIRTH

84707

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be re[illegible] as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Male

2. *Race or Color, (if not of the white race)*

3. *Date of Birth,* Jan 26th 1886

4. *Place of Birth, (Street and Number)* 172 S Wolfe st

5. *Full Name of Mother,* Lizzie Baxter

6. *Mother's Maiden Name,* " Lee

7. *Mother's Birthplace,* City

8. *Full Name of Father,* Samuel Baxter

9. *Father's Occupation,* Mariner

10. *Father's Birthplace,* City

Name of Medical Attendant, or other Person who makes this Return. Mrs Elizabeth Belz

Address, 120 Bank St.

Remarks,

HEALTH DEPART[illegible]
FEB [illegible] 86
BALTIMORE MD

y & Co., City Printers and Stationers.

RETURN OF A BIRTH. 84708

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex, (state whether male or female)* ~~Sex~~ Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* 26 January 1886
4. *Place of Birth, (Street and Number)* 16 Anthony St.
5. *Full Name of Mother,* Marie Riha
6. *Mother's Maiden Name,* " " Jelinek
7. *Mother's Birthplace,* Bohemia
8. *Full Name of Father,* Franz Riha
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Bohemia

Name of Medical Attendant, or other Person who makes this Return. Josephine Conrad

Address, 20 Barnes St

Remarks,

HEALTH DEPARTMENT

...urphy & Co., City Printers and Stationers.

RETURN OF A BIRTH. 84709

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be re[illegible] as other fines and forfeitures are recoverable.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth 26 January 1886

4. Place of Birth, (Street and Number) 173 N. Chester St.

5. Full Name of Mother, Mary Karda

6. Mother's Maiden Name, Rada,

7. Mother's Birthplace, Bohemia

8. Full Name of Father, Vacl. Karda

9. Father's Occupation, Butcher

10. Father's Birthplace, Bohemia

Name of Medical Attendant, or other Person who makes this Return. Josephine Conrad

Address, 20 Barre St.

Remarks,

orphy & Co., City Printers and Stationers.

RETURN OF A BIRTH. 84710

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
FEB 1 1886
BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5th Child

1. Sex, (state whether male or female) female.
2. Race or Color, (if not of the white race)
3. Date of Birth 26 ~~[illegible]~~ th of Jan
4. Place of Birth, (Street and Number) 209. No. Henry Ste.
5. Full Name of Mother, Christina Huss.
6. Mother's Maiden Name, Christina Heinrich
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Charles Huss.
9. Father's Occupation, Saloon Keeper
10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs. Lindner

Address, 45 Monroe Ste.

Remarks,

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

by A Co., City Printers and Stationers.

RETURN OF A BIRTH

8477

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT, JAN 30 1886 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex, (state whether male or female)* ~~Colored~~ male

2. *Race or Color, (if not of the white race)* Colored

3. *Date of Birth,* Tuesday 26 January 1886

4. *Place of Birth, (Street and Number)* 19-41 Welcome alley

5. *Full Name of Mother,* Lucy Morris

6. *Mother's Maiden Name,* Lucy Gale

7. *Mother's Birthplace,* Virginia

8. *Full Name of Father,* ~~Northampton Co. Va~~ Geo. Morris

9. *Father's Occupation,* Sailor

10. *Father's Birthplace,* Northampton Co. Va

Name of Medical Attendant, or other Person who makes this Return. Sarah A Jones

Address, 12 L alley

Remarks,

T, PRINTER & STATIONER, BALT.

D4712

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars, for each offence, to be recovered as other fines and penalties are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) first

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, January 26th 1886
4. Place of Birth, (Street and Number) 250 Argyle Ave
5. Full Name of Mother, Mary Ebelke
6. Mother's Maiden Name, ~~Ebelke~~ Gübeler
7. Mother's Birthplace, Germany
8. Full Name of Father, Henry Ebelke
9. Father's Occupation, Grocer
10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return — J. H. Christian M.D.

Address, 606 Madison Ave

Remarks,

HEALTH DEPARTMENT JAN 30 1886 BALTIMORE MD.

CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH 84713

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother. (*state whether 1st, 2d, 3d, &c.*)	Third Child
1. [redacted] (*state whether male or female*)	Female
2. *Race or Color*, (*if not of the white race*)	White
3. *Date of Birth*,	January 26th 1886
4. *Place of Birth*, (*Street and Number*)	2/0 West Mc Henry St.
5. *Full Name of Mother*,	Louisa Catherine Mary
6. *Mother's Maiden Name*,	Louisa Catherine Werner
7. *Mother's Birthplace*,	Baltimore City
8. *Full Name of Father*,	Louis Mary.
9. *Father's Occupation*,	Wood Turner
10. *Father's Birthplace*,	Baltimore City
[redacted] *Name of Medical Attendant*, or other Person who makes this Return	Alice Mary Ann Browning
Address,	48 South Paca St Balto Md
Remarks,	Mother and Child are doing well.

PRINTERS AND STATIONERS

84714

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6 Children

1. *Sex, (state whether male or female)* Male Child
2. *Race or Color, (if not of the white race)* Collard Child
3. *Date of Birth,* January 26th 1886
4. *Place of Birth, (Street and Number)* No 4 Mulberry St
5. *Full Name of Mother,* Rachel Watkins
6. *Mother's Maiden Name,* Rachel Siems
7. *Mother's Birthplace,* Baltimore City
8. *Full Name of Father,* Claborn Watkins
9. *Father's Occupation,* Mon Repairer
10. *Father's Birthplace,* Richmon Va

Name of Medical Attendant, or other Person who makes this Return. Sarah Devoll

Address, No 9 Jasper St

Remarks,

HEALTH DEPARTMENT BALTIMORE, MD.

birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be prosecuted as other fines and forfeitures are recoverable.

...ny & Co., City Printers and Stationers.

RETURN OF A BIRTH

82715

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 ond

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* Jan 26. 4.

4. *Place of Birth, (Street and Number)* 133. Little Green st

5. *Full Name of Mother,* Annie Frist

6. *Mother's Maiden Name,* Zimmer

7. *Mother's Birthplace,* Port De Frit Sissil Co Md

8. *Full Name of Father,* Benry A. Frist

9. *Father's Occupation,* Moulder

10. *Father's Birthplace,* Virginia

Name of Medical Attendant, or other Person who makes this Return. C. L. Buddenbon M.D.

Address, 166. S. Paca st.

Remarks,

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) Dollars for each offense to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH

84716

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 birth

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* 26 Januar
4. *Place of Birth, (Street and Number)* Broadway No 223
5. *Full Name of Mother,* Lina Singerwald
6. *Mother's Maiden Name,* " " Dreier
7. *Mother's Birthplace,* Baltimor
8. *Full Name of Father,* Joseph Singerwald
9. *Father's Occupation,*
10. *Father's Birthplace,* Baltimor

Name of Medical Attendant, or other Person who makes this Return. Wid. Maurer

Address,

Remarks, Centre Market Space No 15

HEALTH DEPARTMENT FEB 20 1886 BALTIMORE MD

RETURN OF A BIRTH 84717

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
FEB 24 12
BALTIMORE MD

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1
1. *Sex, (state whether male or female)*	Male.
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Jany. 26/86
4. *Place of Birth, (Street and Number)*	142 N. Carey St
5. *Full Name of Mother,*	Blanche Warner
6. *Mother's Maiden Name,*	" Ilgenfritz
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Theodore Warner
9. *Father's Occupation,*	Hatter
10. *Father's Birthplace,*	Maryland
Name of Medical Attendant, or other Person who makes this Return.	Thomas Opie M.D.
Address,	179 N Howard St
Remarks,	

ET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

24918

duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)* Female.
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Janu. 26/86.
4. *Place of Birth, (Street and Number)* 13 Brunt St.
5. *Full Name of Mother,* Mary Sullivan
6. *Mother's Maiden Name,* —
7. *Mother's Birthplace,* Washington D.C.
8. *Full Name of Father,* Daul. Sullivan
9. *Father's Occupation,* Stone Mason
10. *Father's Birthplace,* Connecticut

Name of Medical Attendant, or other Person who makes this Return Jas. M. Craighill.

Address, DR. JAS. M. CRAIGHILL, 406 N. Charles St.

Remarks,

HEALTH DEPARTMENT JAN 27 1886 BALTIMORE, MD.

ITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 84719

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) First Child

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth 26 January 1886
4. Place of Birth, (Street and Number) No 28 Johnson St
5. Full Name of Mother, Ella Cannaway
6. Mother's Maiden Name, Ella Mc Alister
7. Mother's Birthplace, Delaware
8. Full Name of Father, John Cannaway
9. Father's Occupation, Engineer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. Dalsina Grashabe

Address, No 128 West St

Remarks,

HEALTH DEPART... JAN 28 1886 BALTIMORE MD

To be in attendance upon the Mother, immediately after the birth, and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

phy & Co., City Printers and Stationers.

RETURN OF A BIRTH 84720

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	No 1
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	Colored
3. *Date of Birth,*	26th January 1886
4. *Place of Birth, (Street and Number)*	No 5 Rose St
5. *Full Name of Mother,*	Henrietta Morgan Hill
6. *Mother's Maiden Name,*	Henrietta Morgan
7. *Mother's Birthplace,*	Baltimore City
8. *Full Name of Father,*	James Hill
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	Baltimore.
Name of Medical Attendant, or other Person who makes this Return	Wm Jackson Evans M.D
Address,	240 N. Carey St
Remarks,	

HEALTH DEPARTMENT, JAN 28 1886 BALTIMORE, MD

...NY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH,

84721

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
JAN 28 1886
BALTIMORE MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	8th
1. *Sex (state whether male or female)*	female
2. *Race or Color, (if not of the white race)*	white
3. *Date of Birth*	Jan. 27/86.
4. *Place of Birth, (Street and Number)*	433 N. Gilmore St.
5. *Full Name of Mother*	Martha A. Chenowith
6. *Mother's Maiden Name*	Morrison
7. *Mother's Birthplace*	Baltimore Co. Md.
8. *Full Name of Father*	Oliver B. Chenowith
9. *Father's Occupation*	Dealer in Horses
10. *Father's Birthplace*	Baltimore Md.
Name of Medical Attendant, or other Person who makes this Return.	H. R. Fetterhoff M.D.
Address	27 Madison Ave.
Remarks	first Daughter, after Seven Sons.

Name of the mother of such child or children.

RETURN OF A BIRTH

84722

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* January 27th
4. *Place of Birth, (Street and Number)* 180 Hanover Street
5. *Full Name of Mother,* Martha Voglesang
6. *Mother's Maiden Name,* Marsh Griffith
7. *Mother's Birthplace,* Baltimore Md
8. *Full Name of Father,* Phillip Voglesang
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Baltimore Md

Name of Medical Attendant, or other Person who makes this Return. J. K. Wiley Md.

Address, 195 W. Lombard Street

Remarks,

HEALTH DEPARTMENT, APR 7 1886 BALTIMORE, MD.

be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH.

84723

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* 27 of January 1886
4. *Place of Birth, (Street and Number)* No. 398 Charles St
5. *Full Name of Mother,* Kate Welshe
6. *Mother's Maiden Name,* Kate Eagan
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Richard Welshe
9. *Father's Occupation,* Shoemaker
10. *Father's Birthplace,* New York

Name of Medical Attendant, or other Person who makes this Return. Sabina Grashaber

Address, No. 128 West St

Remarks,

HEALTH DEPARTMENT JAN 28 1886 BALTIMORE

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

...phy & Co., City Printers and Stationers.

RETURN OF A BIRTH

84724

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* Jan 27

4. *Place of Birth, (Street and Number)* No 461 Light

5. *Full Name of Mother,* Ella Woerz

6. *Mother's Maiden Name,* Ella Fisch

7. *Mother's Birthplace,* Buffalo N. Y.

8. *Full Name of Father,*

9. *Father's Occupation,* Rev F. J. Woerz

10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return. E. Hinton

Address, No 688 South Charles St

Remarks,

HEALTH DEPARTMENT
JAN 28 1886
BALTIMORE

RETURN OF A BIRTH

84725

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11

1. [redacted] (state whether male or female) male

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, 27 of January

4. Place of Birth, (Street and Number) 414 Vincent alley Baltimore

5. Full Name of Mother, Louisa Addison

6. Mother's Maiden Name, Louisa Shaw

7. Mother's Birthplace, Prince George County M D

8. Full Name of Father, Hannibal Addison

9. Father's Occupation, laborer

10. Father's Birthplace, Prince George County MD

[redacted] Name of Medical Attendant, or other Person who makes this Return Mrs Eliza Foster

Address, 405 Vincent alley Between Baker an Cumberland

Remarks, Tolerable a very bad case

HEALTH DEPARTMENT FEB 8 1886 BALTIMORE

PRINTERS AND STATIONERS

84726

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) first

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* 27 Jan 1886
4. *Place of Birth, (Street and Number)* 24 Abbott
5. *Full Name of Mother,* Christ. Pollman
6. *Mother's Maiden Name,* " " Konig
7. *Mother's Birthplace,* Bohemia
8. *Full Name of Father,* Wilhem Pollman
9. *Father's Occupation,* Butcher
10. *Father's Birthplace,* Bohemia

Name of Medical Attendant, or other Person who makes this Return. Josephine Conrad

Address, 20 Barnes St

Remarks,

HEALTH DEPARTMENT

Report as birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

...y & Co., City Printers and Stationers.

RETURN OF A BIRTH

84727

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (state whether male or female) Sh

2. Race or Color, (if not of the white race)

3. Date of Birth, 28 January 1886

4. Place of Birth, (Street and Number) Corner Battery Ave & Fort St

5. Full Name of Mother, Sophia Schultz

6. Mother's Maiden Name, Berger

7. Mother's Birthplace, Drohne bie Germany

8. Full Name of Father, Robert Schultz

9. Father's Occupation, Laborer

10. Father's Birthplace, German Germany

Name of Medical Attendant, or other Person who makes this Return. Elizabeth Yewell

Address, 68 Fort ave

Remarks,

HEALTH DEPARTMENT, FEB 1886, BALTIMORE, MD.

...or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

...o., City Printers and Stationers.

RETURN OF A BIRTH 84728

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
JAN 29 1886
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Color
3. Date of Birth, Jan 27th - 1886
4. Place of Birth, (Street and Number) Baltimore Ohio ave. No 28
5. Full Name of Mother, Mary Williams
6. Mother's Maiden Name, Mary Denver
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, Ben William
9. Father's Occupation, Oyster sucker
10. Father's Birthplace, Kent island Md.

Name of Medical Attendant, or other Person who makes this Return Annie Johnson

Address, 83 Plum alley

Remarks,

INTERS AND STATIONERS

RETURN OF A BIRTH. 84729

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) the 12. Child

1. Sex, (state whether male or female) female Child

2. Race or Color, (if not of the white race) Color Child

3. Date of Birth the 27 of January the 1886

4. Place of Birth, (Street and Number) No. 131. yard

5. Full Name of Mother, Gracer. Broon

6. Mother's Maiden Name, Gracer. Lewis

7. Mother's Birthplace, West Virginia

8. Full Name of Father, Geo. Broon

9. Father's Occupation, Oyster Shucker

10. Father's Birthplace, Baltimore M. D

Name of Medical Attendant, or other Person who makes this Return. Miller Frost

Address, No. 181 yard street

Remarks,

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

y & Co., City Printers and Stationers.

RETURN OF A BIRTH 84730

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* ~~W~~
3. *Date of Birth,* 27 January
4. *Place of Birth, (Street and Number)* 133 S. Eden
5. *Full Name of Mother,* Mollie Hoskin
6. *Mother's Maiden Name,* Will
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Louis H. Hoskin
9. *Father's Occupation,* Labourer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Sarah Cooper

Address, 72. E. Lombard street

Remarks,

HEALTH DEPARTMENT FEB 1 1930 BALTIMORE, MD.

Report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

& Co., City Printers and Stationers.

RETURN OF A BIRTH 84731

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, FEB 1886 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Jan 27th 1886
4. *Place of Birth, (Street and Number)* 34 Division St
5. *Full Name of Mother,* Emelia Engelbach
6. *Mother's Maiden Name,* Emelia Hagedorn
7. *Mother's Birthplace,* Balto Md
8. *Full Name of Father,* Charles Engelbach
9. *Father's Occupation,* Baker
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs Anne Wesley etc

Address, 398 Penna ave

Remarks,

for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
FEB 5 1886
BALTIMORE MD

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth, Jan 27 1886

4. Place of Birth, (Street and Number) 60 Leadenhall st

5. Full Name of Mother, Matilde Walter

6. Mother's Maiden Name, Brenzer

7. Mother's Birthplace, Germany

8. Full Name of Father, Baltasar Walter

9. Father's Occupation, Tailor

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return. J. Schwasser Midwife

Address, 330 Hanover st

Remarks,

For each offense to be recovered as other fines and forfeitures are recoverable.

City Printers and Stationers.

RETURN OF A BIRTH

82733

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 th

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, January 27, 1886

4. Place of Birth, (Street and Number) Garrett Ave

5. Full Name of Mother, Johanna Albers

6. Mother's Maiden Name, Johanna Courtz Re

7. Mother's Birthplace, Germany

8. Full Name of Father, Henry Albers

9. Father's Occupation, Laborer

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return, Mrs E Mel

Address, No 13 Cuba St

Remarks,

HEALTH DEPARTMENT
FEB 3 1886
BALTIMORE MD

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH

821734

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. Sex, (state whether male or female) male.
2. Race or Color, (if not of the white race) white.
3. Date of Birth, January 27/86.
4. Place of Birth, (Street and Number) 50 Edmon[illegible]
5. Full Name of Mother, Margaret H.
6. Mother's Maiden Name, Thornton.
7. Mother's Birthplace, Balto.
8. Full Name of Father, Richard B. Lippett.
9. Father's Occupation, Lawyer.
10. Father's Birthplace, St. Mary's Co. Md.

Name of Medical Attendant, or other Person who makes this Return, R. H. Goldsmith M.D.

Address, Harlem Av. & Calhoun St.

Remarks,

HEALTH DEPARTMENT
FEB 9 1886
BALTIMORE, MD.

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

o., City Printers and Stationers.

RETURN OF A BIRTH. 84735

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, FEB 17 1886 BALTIMORE MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth Jan. 27th 1886
4. Place of Birth, (Street and Number) #200 N. Front St.
5. Full Name of Mother, Julia O'Brien
6. Mother's Maiden Name, " Shea
7. Mother's Birthplace, Richmond Va
8. Full Name of Father, Thomas O'Brien
9. Father's Occupation, Laborer.
10. Father's Birthplace, Balto. Md.

Name of Medical Attendant, or other Person who makes this Return. Mrs. Dena Hillegust

Address, #182 E. Monument St.

Remarks,

...of persons who shall hereafter fail to comply with the provisions of this ... for each offence to be recovered as other fines and forfeitures are recoverable.

& Co., City Printers and Stationers.

RETURN OF A BIRTH

24736

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First child

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, 27th of Jan 1886
4. Place of Birth, (Street and Number) 108 Wilkins Alley
5. Full Name of Mother, Sarah J Isaacs
6. Mother's Maiden Name, Sarah J Earle
7. Mother's Birthplace, Baltimore City Md
8. Full Name of Father, Joseph H Isaacs
9. Father's Occupation, Waiter
10. Father's Birthplace, Talbot County Eastern Shore Md

Name of Medical Attendant, or other Person who makes this Return. Margaret A Grey

Address, 78 Wilkins Alley Eastern Avenue

Remarks,

HEALTH DEPARTMENT
FEB 19 1886
BALTIMORE MD.

be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

hy & Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, FEB 22 1886 BALTIMORE MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, ~~220 Division St~~ Jan 27: 1886
4. Place of Birth, (Street and Number) 220 Division St
5. Full Name of Mother, Julia S. Snyder
6. Mother's Maiden Name, Shields
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Andrew C. Snyder
9. Father's Occupation, Butcher
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return H. C. Williams

Address, 201 Madison Ave

Remarks,

should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

84738

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* January 27th 1896
4. *Place of Birth, (Street and Number)* No 121 Asquith St.
5. *Full Name of Mother,* Agusta Shroeder
6. *Mother's Maiden Name,* Agusta Masson
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Chas. Shroeder
9. *Father's Occupation,* Grocery Store
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return. M. A. Butt.

Address, 185 S.E. cor Central av. & Monument St

Remarks, All Well.

RB

HEALTH DEPARTMENT FEB 27 1896 BALTIMORE, MD.

Be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH

84739

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
FEB 27 1886
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th.

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* January 27th 1886
4. *Place of Birth, (Street and Number)* No 93 Sommerset St.
5. *Full Name of Mother,* Mary Koenig
6. *Mother's Maiden Name,* Mary Hagner
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* John Koenig
9. *Father's Occupation,* Cooper
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. M. A. Butt

Address, 185 S.E. cor Central av. & Monument St.

Remarks, All Well

K. B.

Be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

& Co., City Printers and Stationers.

RETURN OF A BIRTH

27740

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 the

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 27th January
4. Place of Birth, (Street and Number) 40 Fish St
5. Full Name of Mother, Mary Wachter
6. Mother's Maiden Name, = Betz
7. Mother's Birthplace, Buthen Kirchen Bavaria
8. Full Name of Father, Michael Wachter
9. Father's Occupation, Laborer
10. Father's Birthplace, Bressig Bavaria

Name of Medical Attendant, or other Person who makes this Return. Mrs G. Weiss

Address, 424 Lancaster St

Remarks,

HEALTH DEPARTMENT FEB 24 1879 BALTIMORE MD

be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH

84741

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
FEB 6 1886
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Thursday Jan 28th 86
4. *Place of Birth, (Street and Number)*	92 St Front St
5. *Full Name of Mother,*	Sophia Cunningham
6. *Mother's Maiden Name,*	Rost
7. *Mother's Birthplace,*	Lancaster Pa
8. *Full Name of Father,*	Francis Cunningham
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	Lancaster Pa
Name of Medical Attendant, or other Person who makes this Return.	Wilmer Brinton M.D
Address,	Chas St & Forest Place
Remarks,	

be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

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NOTICE

The succeeding document was received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

84742

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
FEB 16 1886
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex, (state whether male or female)* male.
2. *Race or Color, (if not of the white race)* white.
3. *Date of Birth,* 28 of January.
4. *Place of Birth, (Street and Number)* Hannoverstrt 258.
5. *Full Name of Mother,* Josephiene Kaufmann.
6. *Mother's Maiden Name,* Josephiene Burger.
7. *Mother's Birthplace,* Hanover Pennsylvania.
8. *Full Name of Father,* Ernst Traugott Kaufmann.
9. *Father's Occupation,* Stoneder Stoneeder
10. *Father's Birthplace,* Deutschland

Name of Medical Attendant, or other Person who makes this Return Bosien

Address, Sharp Strit 255

Remarks,

should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

84743

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

January 25 1886

Mary Emma Maxson

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) The 8 Child

1. Sex, (state whether male or female) Girl

2. Race or Color, (if not of the white race)

3. Date of Birth, January 27. 1886

4. Place of Birth, (Street and Number) 40 thames St Baltimore

5. Full Name of Mother, Cathrien Maxson

6. Mother's Maiden Name, Cathrien Baker

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Frank. Maxson

9. Father's Occupation, Labour

10. Father's Birthplace, E. J.

Name of Medical Attendant, or other Person who makes this Return Louisa Smith

Address, Mary Emma, Maxson

Remarks, GIVEN NAME ADDED. 11-2-53 L. M.

HEALTH DEPARTMENT FEB 8 1886 BALTIMORE, MD

PRINTERS AND STATIONERS

RETURN OF A BIRTH

824744

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
FEB 5 1886
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 28th Jan 1886
4. Place of Birth, (Street and Number) Belair ave above the Boundery
5. Full Name of Mother, Amelia Mandler
6. Mother's Maiden Name, " Brower
7. Mother's Birthplace, Balto
8. Full Name of Father, Charles P Mandler
9. Father's Occupation, Clerk
10. Father's Birthplace, Baltr

Name of Medical Attendant, or other Person who makes this Return. Mrs Groome

Address, 466 W Gay St

Remarks,

be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

hy & Co., City Printers and Stationers.

RETURN OF A BIRTH

84745

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
FEB 5 1886
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First.

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, January 28, 1886

4. Place of Birth, (Street and Number) Maternité

5. Full Name of Mother, Annie Walsh

6. Mother's Maiden Name, Do

7. Mother's Birthplace, N. Y.

8. Full Name of Father, —

9. Father's Occupation, —

10. Father's Birthplace, —

Name of Medical Attendant, or other Person who makes this Return. William S. Gardner M.D.

Address, Maternité

Remarks,

be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

...y & Co., City Printers and Stationers.

RETURN OF A BIRTH

84746

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth, Jan 28th 1886

4. Place of Birth, (Street and Number) 217 Canton Ave

5. Full Name of Mother, Katherine Horr

6. Mother's Maiden Name, " Sauler

7. Mother's Birthplace, Germany

8. Full Name of Father, William Horr

9. Father's Occupation, Saloon Keeper

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs Elizabeth Belz

Address, 120 Bank st.

Remarks,

HEALTH DEPARTMENT FEB 1 1886 BALTIMORE MD

be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

y & Co., City Printers and Stationers.

RETURN OF A BIRTH

84747

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, FEB 1 1886 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* Jan 28th 1886
4. *Place of Birth, (Street and Number)* 33 Union St
5. *Full Name of Mother,* Barbra Oehler
6. *Mother's Maiden Name,* Barbra Wetzing
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Fredrick Oehler
9. *Father's Occupation,* Wever
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs A Mesenzahl

Address, 328 Penna ave

Remarks,

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

84748

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d Child

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

HEALTH DEPARTMENT FEB 5 1886 BALTIMORE, MD.

3. Date of Birth, Jan 1886

4. Place of Birth, (Street and Number) 370 Light st

5. Full Name of Mother, Louise Wiessner

6. Mother's Maiden Name, Krenzer

7. Mother's Birthplace, Germany

8. Full Name of Father, John Wiessner

9. Father's Occupation, Watch maker

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return. J. Lohmasser Midwife

Address, 330 Hanover st

Remarks,

RETURN OF A BIRTH. 84749

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, FEB 4 1886 BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Seventh

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) white

3. Date of Birth January 28 1886

4. Place of Birth, (Street and Number) 501 W. Baltimore Str.

5. Full Name of Mother, Lizzie Bachmann

6. Mother's Maiden Name, Lizzie Kern

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Louis Bachmann

9. Father's Occupation, Tailor

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs E Seebach

Address, 432 W Pratt Street

Remarks,

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT BALTIMORE MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th Child.
1. Sex, (state whether male or female)	Male Child.
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	28th January.
4. Place of Birth, (Street and Number)	Hull Street. No. 8.
5. Full Name of Mother,	Lizzi Leinbach
6. Mother's Maiden Name,	" Wagner
7. Mother's Birthplace,	Neustaett a/d. aisch.
8. Full Name of Father,	August Leinbach.
9. Father's Occupation,	Sachsen Weinman
10. Father's Birthplace,	Lebler Baltimore Chiher Cap.
Name of Medical Attendant, or other Person who makes this Return	Lizzi Scheppler.
Address,	Hull St. No. 31.
Remarks,	Locust Point. Baltimore

...ty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

...Y PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

24757

HEALTH DEPARTMENT
FEB 3 1886
BALTIMORE MD

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5 th

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Jany 28. 1886

4. Place of Birth, (Street and Number) Hull Hull St 53

5. Full Name of Mother, Ella Prenger

6. Mother's Maiden Name, Ella Brauns

7. Mother's Birthplace, Irland

8. Full Name of Father, John Prenger

9. Father's Occupation, Laborer

10. Father's Birthplace, Balt

Name of Medical Attendant, or other Person who makes this Return. Mrs Ettel

Address, No 13 Cuba St

Remarks,

Be in attendance upon the Mother, immediately hereafter it shall become the duty of the person or persons of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

y & Co., City Printers and Stationers.

RETURN OF A BIRTH 84753

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. *Sex, (state whether male or female)* Male

2. *Race or Color, (if not of the white race)*

3. *Date of Birth,* 28th January 1886

4. *Place of Birth, (Street and Number)* 117 Montgomery

5. *Full Name of Mother,* Jane Pearson

6. *Mother's Maiden Name,* Jobes

7. *Mother's Birthplace,* Ball

8. *Full Name of Father,* Harry W Pearson

9. *Father's Occupation,* Oyster Packer

10. *Father's Birthplace,* Ball

Name of Medical Attendant, or other Person who makes this Return. H W Webster

Address, 101 Bruce st

Remarks,

HEALTH DEPARTMENT FEB 1 1886 REGISTERED

Report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

& Co., City Printers and Stationers.

84753

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 28 Jan 1886
4. *Place of Birth, (Street and Number)* 101 Chapple st
5. *Full Name of Mother,* Barbra Scritch
6. *Mother's Maiden Name,* Babra Schafer
7. *Mother's Birthplace,* Bohemia
8. *Full Name of Father,* Hendrick Scritch
9. *Father's Occupation,* Tailor
10. *Father's Birthplace,* Bohemia

Name of Medical Attendant, or other Person who makes this Return. Mary Koptisch

Address, 69 N Washington St

Remarks,

HEALTH DEPARTMENT, FEB 11 1886 BALTIMORE, MD.

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
FEB 11 1886
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth 28 Jan 1886
4. Place of Birth, (Street and Number) 54 Duncan alley
5. Full Name of Mother, Sofia Drassal
6. Mother's Maiden Name, Sophia Bodzenek
7. Mother's Birthplace, Bohemia
8. Full Name of Father, Frank Drassal
9. Father's Occupation, Tailor
10. Father's Birthplace, Bohemia

Name of Medical Attendant, or other Person who makes this Return. Mary Hofstat

Address, 69 N Washington st

Remarks,

of persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

Co., City Printers and Stationers.

84755

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, FEB 11 1886 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* 28 Jan 1886
4. *Place of Birth, (Street and Number)* 23 E Castle St
5. *Full Name of Mother,* Maggie Footman
6. *Mother's Maiden Name,* Maggie Lung
7. *Mother's Birthplace,* Bohemia
8. *Full Name of Father,* John Footman
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Bohemia

Name of Medical Attendant, or other Person who makes this Return. Mary Koptlish

Address, 69 N Washington St

Remarks,

be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

& Co., City Printers and Stationers.

84756

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 28 Jan 1886
4. Place of Birth, (Street and Number) 84 N Durham St
5. Full Name of Mother, Bobra Svorak
6. Mother's Maiden Name, Barbra Svořaka
7. Mother's Birthplace, Bohemia
8. Full Name of Father, Fran Svorak
9. Father's Occupation, Failor
10. Father's Birthplace, Bohemia

Name of Medical Attendant, or other Person who makes this Return. May Koptish

Address, 69 N Washington St

Remarks,

HEALTH DEPARTMENT, FEB 11 1886 BALTIMORE, MD.

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH.

82757

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
FEB 17 1886
BALTIMORE MD

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth Jan. 28th 1886.
4. Place of Birth, (Street and Number) #166 N. Central Ave.
5. Full Name of Mother, Anna Geinitz
6. Mother's Maiden Name, Grimath.
7. Mother's Birthplace, Balto. Md.
8. Full Name of Father, Louis Geinitz.
9. Father's Occupation, Collector.
10. Father's Birthplace, Balto. Md.

Name of Medical Attendant, or other Person who makes this Return Mrs. Dena Hillegeist

Address, #1821 E. Monument St

Remarks,

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

phy & Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

12758

duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Jan 28: 1886
4. Place of Birth, (Street and Number) 294 Hoffman
5. Full Name of Mother, Rosa Weems
6. Mother's Maiden Name, " Abele
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Oscar J. Weems
9. Father's Occupation, Carpenter
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return P. E. Williams

Address, 201 Madison Ave

Remarks,

HEALTH DEPARTMENT
FEB 22 1886
BALTIMORE, MD.

TY PRINTERS AND STATIONERS.

84759

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9th.

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Jan. 28th 1886
4. *Place of Birth, (Street and Number)* No 150 Orlean St.
5. *Full Name of Mother,* Esabella Hune
6. *Mother's Maiden Name,* Esabella Gibson
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Edward Hune
9. *Father's Occupation,* Boiler maker
10. *Father's Birthplace,* North Carolina

Name of Medical Attendant, or other Person who makes this Return. M. A. Bett

Address, 185 S.E. cor Central av. & Monument St.

Remarks, All Well

K. B.

HEALTH DEPARTMENT FEB 27 1886 BALTIMORE MD.

Report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

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CERTIFICATE CORRECTED 5-29-52

RETURN OF A BIRTH. 84760

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: William F. Schuck

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4 the

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth 2d January, 1886
4. Place of Birth, (Street and Number) Herrs Alley C Canton
5. Full Name of Mother, Louise (Schocks) Schuck
6. Mother's Maiden Name, = Henning
7. Mother's Birthplace, Balt
8. Full Name of Father, Georg (Schocks) Schuck
9. Father's Occupation, Laborer
10. Father's Birthplace, Balt

Name of Medical Attendant, or other Person who makes this Return. Mrs E. Weiss

Address, 424 Lancaster St.

Remarks,

HEALTH DEPARTMENT ... BALTIMORE MD

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

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NOTICE

The succeeding document was received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

RETURN OF A BIRTH

84761

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 29 January
4. *Place of Birth, (Street and Number)* 29 Lewis St
5. *Full Name of Mother,* Carrolina Phenning
6. *Mother's Maiden Name,* Miller
7. *Mother's Birthplace,* Europe
8. *Full Name of Father,* Danial Phenning
9. *Father's Occupation,* Cart Dart Driver
10. *Father's Birthplace,* Europe

Name of Medical Attendant, or other Person who makes this Return. Mrs Rosa Ulley

Address, 48 Holland St

Remarks, Bett

HEALTH DEPARTMENT, FEB 5 1886 BALTIMORE MD.

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH

B 1762

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 29 Jan 1886
4. Place of Birth, (Street and Number) 204 Alexandria st
5. Full Name of Mother, Antonie Raymon
6. Mother's Maiden Name, Antonie Swolak
7. Mother's Birthplace, Bohemia
8. Full Name of Father, John Raymon
9. Father's Occupation, Tailor
10. Father's Birthplace, Bohemia

Name of Medical Attendant, or other Person who makes this Return, Mary Lopatich

Address, 671 Washington St

Remarks,

HEALTH DEPARTMENT
FEB 11 1886
BALTIMORE MD.

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

Co., City Printers and Stationers.

84763

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT FEB 8 1886 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Caucasian
3. Date of Birth, January 29th 1886
4. Place of Birth, (Street and Number) Hollins & Arlington ave.
5. Full Name of Mother, Caroline Emrich
6. Mother's Maiden Name, Caroline Smuck
7. Mother's Birthplace, Baltimore Md.
8. Full Name of Father, Otto Emrich
9. Father's Occupation, Saloon Keeper
10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return. J. Norris Md.

Address, 558 West Fayette St.

Remarks, none

for each offense to be recovered as other fines and forfeitures are recoverable.

Co., City Printers and Stationers.

RETURN OF A BIRTH 84764

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 9 1886 BALTIMORE MD

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race)
3. Date of Birth, 29 January 1886
4. Place of Birth, (Street and Number) 31 Fell Street
5. Full Name of Mother, Catherine Pitcpaul
6. Mother's Maiden Name, Catherine Macan
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Eliza Pitcpaut
9. Father's Occupation, Tavern Keeper
10. Father's Birthplace, Cape Breeton

Name of Medical Attendant, or other Person who makes this Return Louisa Smith

Address, Childs Name Janet Pitcpaut

Remarks,

PRINTERS AND STATIONERS

RETURN OF A BIRTH

B1765

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

HEALTH DEPARTMENT
FEB 5 1886
BALTIMORE MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, January 29 1886
4. Place of Birth, (Street and Number) 422 N Broadway.
5. Full Name of Mother, Mary A. Mitchell.
6. Mother's Maiden Name, Mary A Peterson.
7. Mother's Birthplace, Baltimore City.
8. Full Name of Father, Milton Mitchell.
9. Father's Occupation, Merchant.
10. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other Person who makes this Return — John D Pennington M.D.

Address. 134 N Carrollton Av

Remarks,

PRINTERS AND STATIONERS.

RETURN OF A BIRTH

8476

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
FEB 5 1886
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, January 29, 1886
4. Place of Birth, (Street and Number) Maternite
5. Full Name of Mother, Mary Smith
6. Mother's Maiden Name, Do
7. Mother's Birthplace, Md
8. Full Name of Father, —
9. Father's Occupation, —
10. Father's Birthplace, —

Name of Medical Attendant, or other Person who makes this Return. William T. Gardner M.D.

Address, Maternite

Remarks,

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

& Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

82767

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, 29 of January 1886

4. Place of Birth, (Street and Number) 187 Wolf St

5. Full Name of Mother, Louisa Parr

6. Mother's Maiden Name, Louisa Ulrich

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Henry Parr

9. Father's Occupation, Cutter

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs. Christina Sauer

Address, 173 Harford Ave

Remarks, 1884.

HEALTH DEPARTMENT
BALTIMORE MD

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 84768

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 13th Child

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth* 29th of January
4. *Place of Birth, (Street and Number)* 892 W. Pratt St
5. *Full Name of Mother,* Franciska Fischer
6. *Mother's Maiden Name,* Franciska Riehl
7. *Mother's Birthplace,* Baltimore City
8. *Full Name of Father,* George Fischer
9. *Father's Occupation,* Brick Layer
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return. Wm Lindner

Address, No 45 S Monroe St

Remarks,

HEALTH DEPARTMENT FEB 1 1880 BALTIMORE, MD.

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

y & Co., City Printers and Stationers.

RETURN OF A BIRTH 4769

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Jan 1886
4. *Place of Birth, (Street and Number)* 109 Lombard St.
5. *Full Name of Mother,* Kaffy Rank
6. *Mother's Maiden Name,* Kaffy Volvonon
7. *Mother's Birthplace,* Russia
8. *Full Name of Father,* Max Rank
9. *Father's Occupation,* Peddler
10. *Father's Birthplace,* Russia

Name of Medical Attendant, or other Person who makes this Return. E Schirman

Address, Albemarle st 126

Remarks,

HEALTH DEPARTMENT JAN 29 1886 BALTIMORE MD

& Co., City Printers and Stationers.

RETURN OF A BIRTH

84770

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 29 of January 1885
4. *Place of Birth, (Street and Number)* 220 Orchard St
5. *Full Name of Mother,* Mary Henninger
6. *Mother's Maiden Name,* Mary Schubert
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* William Henninger
9. *Father's Occupation,* Carver
10. *Father's Birthplace,* Newark N. J.

Name of Medical Attendant, or other Person who makes this Return. Mrs Christina Sauer

Address, 173 Harford Ave

Remarks, 1885.

7 months child born 6 o'clock and 6½

HEALTH DEPARTMENT
JAN 29 1886
BALTIMORE MD

or persons who shall neglect or fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

NOTICE

The succeeding documents were received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

RETURN OF A BIRTH. 8477

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

HEALTH DEPARTMENT
JAN 30 1888
BALTIMORE MD

No. of Child of Mother (*state whether 1st, 2d, 3d, &c.*) 1st

1. *Sex*, (*state whether male or female*) Female
2. *Race or Color*, (*if not of the white race*) White
3. *Date of Birth* Jan 27th
4. *Place of Birth*, (*Street and Number*) No 285 E Balto
5. *Full Name of Mother*, Mrs Julia Jones
6. *Mother's Maiden Name*, " " McCauley
7. *Mother's Birthplace*, Balto
8. *Full Name of Father*, D. L. Jones
9. *Father's Occupation*, Dentist
10. *Father's Birthplace*, Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs Goodale

Address, No 66 S. Broadway

Remarks,

hy & Co., City Printers and Stationers.

RETURN OF A BIRTH. 84772

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall h[illegible]er fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be [illegible]ered as other fines and forfeitures are recoverable.

HEALTH DEPARTMENT
JAN 30 1896
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2d

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth Jan 29 96
4. Place of Birth, (Street and Number) No 225 E Fayette st
5. Full Name of Mother, Mrs Johanna Hoyer
6. Mother's Maiden Name, Roesbich
7. Mother's Birthplace, Germany
8. Full Name of Father, Fred Hoyer
9. Father's Occupation, Engineer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. Dr Goetzke

Address, No 552 Bond st

Remarks,

Murphy & Co. City Printers and Stationers.

RETURN OF A BIRTH. 84773

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT FEB 1886 BALTIMORE, MD

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) First.

1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race) White
3. Date of Birth January 29 1886.
4. Place of Birth, (Street and Number) No. 530 Lingwith Street.
5. Full Name of Mother, Annie Smith.
6. Mother's Maiden Name, Annie Sun.
7. Mother's Birthplace, Maryland.
8. Full Name of Father, Peter Smith
9. Father's Occupation, Butcher.
10. Father's Birthplace, Germany.

Name of Medical Attendant, or other Person who makes this Return. Chas. R. Elwell, M.D.

Address, 539 Harford ave.

Remarks,

birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall ho[illegible]r fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be r[illegible]ed as other fines and forfeitures are recoverable.

Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH 84774

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
FEB 1 1886
BALTIMORE MD

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Third
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White -
3. *Date of Birth,*	January 29 1886
4. *Place of Birth, (Street and Number)*	35 Bilde St
5. *Full Name of Mother,*	Evie R. Macgill.
6. *Mother's Maiden Name,*	" " "
7. *Mother's Birthplace,*	Frederick Md.
8. *Full Name of Father,*	Robert H Macgill -
9. *Father's Occupation,*	Lawyer
10. *Father's Birthplace,*	Frederick Md
Name of Medical Attendant, or other Person who makes this Return	Walter B Platt M.D.
Address,	165 Park Ave
Remarks,	Baltimore

TY PRINTERS AND STATIONERS

over

RETURN OF A BIRTH. 84775

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of child: Joseph Bernard ~~Hoehler~~

HEALTH DEPARTMENT, FEB 5 1886 BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2 te

1. Sex, (state whether male or female) Bube
2. Race or Color, (if not of the white race) Witte
3. Date of Birth 29 ten Januar
4. Place of Birth, (Street and Number) Kros Striet No 258
5. Full Name of Mother, Merie Hoeller
6. Mother's Maiden Name, Litkowski
7. Mother's Birthplace, Germanien
8. Full Name of Father, Willhelm Hoeller
9. Father's Occupation, Work Mann
10. Father's Birthplace, Germanieen

Name of Medical Attendant, or other Person who makes this Return,

Address, Elliesbets Elle No 5 Karoliene Schway

Remarks,

birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be [illegible]red as other fines and forfeitures are recoverable.

urphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

84776

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
FEB 3 1886
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex, (state whether male or female)* Male ~~White~~
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Jan 29th 86
4. *Place of Birth, (Street and Number)* # 338 West St.
5. *Full Name of Mother,* Annie Stephens
6. *Mother's Maiden Name,* Cadwallader
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Albert Stephens
9. *Father's Occupation,* Glass blower
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mary Kroh

Address, # 328 S. Eutaw St.

Remarks,

certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall [illegible] after fail to comply with the provisions of this section, shall be [illegible]ected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

urphy & Co. City Printers and Stationers.

RETURN OF A BIRTH 84777

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2
1. *Sex, (state whether male or female)*	Color & female
2. *Race or Color, (if not of the white race)*	29th Jan 1886
3. *Date of Birth,*	" " "
4. *Place of Birth, (Street and Number)*	No 1 Bruce Alley
5. *Full Name of Mother,*	" " " "
6. *Mother's Maiden Name,*	Maggie Rilley
7. *Mother's Birthplace,*	St mary Co.
8. *Full Name of Father,*	Charles Richson
9. *Father's Occupation,*	Draman
10. *Father's Birthplace,*	Baltimore Md
Name of Medical Attendant, or other Person who makes this Return	Lucy Cornish
Address,	No 13 Jordan Alley
Remarks,	City

HEALTH DEPARTMENT FEB 2 1886 BALTIMORE MD

CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

No 4778

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
FEB 2 1886
BALTIMORE MD

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* January 4th 29 1886
4. *Place of Birth, (Street and Number)* 131 McHenry st
5. *Full Name of Mother,* Mary Ellen Scott
6. *Mother's Maiden Name,* Mary Ellen Wilkinson
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* James Scott
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs S Dalley

Address, No 797 Pratt st

Remarks,

be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

y & Co., City Printers and Stationers.

RETURN OF A BIRTH 84779

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
FEB 11 1886
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 29 Jan 1886
4. Place of Birth, (Street and Number) 128 N Chapple st
5. Full Name of Mother, Mary Zinke
6. Mother's Maiden Name, Mary Black
7. Mother's Birthplace, Germany
8. Full Name of Father, Charley Zinke
9. Father's Occupation, Milkman
10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return. May Hofstetter

Address,

Remarks,

Birth of any child shall occur within the limits of Baltimore City, it shall become the duty of the person or parents of such child to be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH. 84780

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth 29 of January 1886
4. Place of Birth, (Street and Number) No. 6 Creek Alley
5. Full Name of Mother, Kate Meyers
6. Mother's Maiden Name, Kate Weber
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Friedrich Meyers
9. Father's Occupation, Tailor
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. Sabina Grishaber

Address, No. 128 West St

Remarks,

HEALTH DEPARTMENT

birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be [illegible]ered as other fines and forfeitures are recoverable.

Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH 84781

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall neglect or refuse to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

HEALTH DEPARTMENT
FEB 2 1886
BALTIMORE MD

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	Colored
3. *Date of Birth,*	Jan 29 1886
4. *Place of Birth, (Street and Number)*	45 Caroline St
5. *Full Name of Mother,*	Lizzie Gallin
6. *Mother's Maiden Name,*	Lizzie Bantom
7. *Mother's Birthplace,*	Dodon northallion
8. *Full Name of Father,*	Louis Gallin
9. *Father's Occupation,*	Labor
10. *Father's Birthplace,*	Lancastio County
Name of Medical Attendant, or other Person who makes this Return.	Susan Morgan.
Address,	47 N Durham St.
Remarks,	

bby & Co., City Printers and Stationers.

RETURN OF A BIRTH 84782

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

birth of any child shall occur without the attendance of a physician or midwife, it shall be the duty of the person or parents of such child to be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

HEALTH DEPARTMENT
FEB 11 1886
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 29 Jan 1886
4. *Place of Birth, (Street and Number)* 234 N Durham St
5. *Full Name of Mother,* Annie Forst
6. *Mother's Maiden Name,* Anne Slivka
7. *Mother's Birthplace,* Bohemia
8. *Full Name of Father,* Frank Slivka
9. *Father's Occupation,* Tailor
10. *Father's Birthplace,* Bohemia

Name of Medical Attendant, or other Person who makes this Return. Mary Koptish

Address, 69 N Washington St

Remarks,

...hy & Co., City Printers and Stationers.

11/11/11

RETURN OF A BIRTH 84783

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
APR 7 1886
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth, January 29/86

4. Place of Birth, (Street and Number) 446 Barre St

5. Full Name of Mother, Nellie E Mayfield

6. Mother's Maiden Name, Nellie E Buckley

7. Mother's Birthplace, City

8. Full Name of Father, Jno P Mayfield

9. Father's Occupation, Painter

10. Father's Birthplace, City

Name of Medical Attendant, or other Person who makes this Return. Jno D Blake

Address,

Remarks,

be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable

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RETURN OF A BIRTH 84784

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 29th January
4. Place of Birth, (Street and Number) 45 Arlington ave
5. Full Name of Mother, Dora Claus
6. Mother's Maiden Name, Dora Gehle
7. Mother's Birthplace, Baltimore Md,
8. Full Name of Father, Louis Claus
9. Father's Occupation, Shoemaker
10. Father's Birthplace, Paris, France

Name of Medical Attendant, or other Person who makes this Return. Mrs Rupp

Address, 74 Columbia ave

Remarks, Baltimore Md

HEALTH DEPARTMENT, FEB 10 1880 BALTIMORE, MD.

be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

y & Co., City Printers and Stationers.

RETURN OF A BIRTH 84785

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third Baby

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* 29 January
4. *Place of Birth, (Street and Number)* No 27 colton St Baltimore
5. *Full Name of Mother,* Ann eliza Dorsey
6. *Mother's Maiden Name,* Annie Owens
7. *Mother's Birthplace,* Carol County Md.
8. *Full Name of Father,* William Dorsey
9. *Father's Occupation,* Hard Laborer
10. *Father's Birthplace,* Riestertown Md

Name of Medical Attendant, or other Person who makes this Return. Celestial cook

Address, 74 Orchard St Baltimore

Remarks,

HEALTH DEPARTMENT, FEB 10 1886 BALTIMORE, MD.

be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH 84786

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
FEB 9 1886
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, Jan 29th 1886
4. Place of Birth, (Street and Number) 49 Burgundy Alley
5. Full Name of Mother, Emma Woods
6. Mother's Maiden Name,
7. Mother's Birthplace, Balto City
8. Full Name of Father, William Woods
9. Father's Occupation, Laborer
10. Father's Birthplace, Accomac Co Va

Name of Medical Attendant, or other Person who makes this Return. Deborah Thomas

Address, 71 Burgundy Alley

Remarks,

be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH. 84787

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
FEB 24 1886
BALTIMORE, MD

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3 the

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) White
3. Date of Birth 29 of January
4. Place of Birth, (Street and Number) Madayra Alley
5. Full Name of Mother, Amie Vogel
6. Mother's Maiden Name, Schmidt
7. Mother's Birthplace, Balt
8. Full Name of Father, John Vogel
9. Father's Occupation, Kann maker
10. Father's Birthplace, Balt

Name of Medical Attendant, or other Person who makes this Return. Mrs G. Weiss

Address, 424 Lancaster St.

Remarks,

be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be ... vered as other fines and forfeitures are recoverable.

urphy & Co., City Printers and Stationers.

RETURN OF A BIRTH 81788

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

HEALTH DEPARTMENT FEB 8 1886

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 f

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* Jan 30 1886
4. *Place of Birth, (Street and Number)* 63 Orchard St
5. *Full Name of Mother,* Esta Jackson
6. *Mother's Maiden Name,* " Smith
7. *Mother's Birthplace,* Baltimore Md
8. *Full Name of Father,* Wm F Jackson
9. *Father's Occupation,* Public Waiter
10. *Father's Birthplace,* Baltimore County Md

Name of Medical Attendant, or other Person who makes this Return. Anna Johnson

Address, 94 Fagan street

Remarks,

& Co., City Printers and Stationers.

RETURN OF A BIRTH 84789

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd Child.

1. Sex, (state whether male or female) Boy

2. Race or Color, (if not of the white race) White

3. Date of Birth, 30th of January 1886

4. Place of Birth, (Street and Number) Cor Lombord and Cassel

5. Full Name of Mother, Thresea Belefeald

6. Mother's Maiden Name, Thresia Volk.

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Charlie Volk

9. Father's Occupation, Tavern keeper

10. Father's Birthplace, Germeny

Name of Medical Attendant, or other Person who makes this Return, Crescintia Kunkel

Address, 71 North Chapel street per Justina Kunkel.

Remarks, H Delegit.

HEALTH DEPARTMENT FEB 1886 BALTIMORE, MD.

birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

...y & Co., City Printers and Stationers.

RETURN OF A BIRTH 84790

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 30 of January 1886
4. *Place of Birth, (Street and Number)* No. 100 Battery Ave
5. *Full Name of Mother,* Annie Fritz
6. *Mother's Maiden Name,* Annie Wagner
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Andrew Fritz
9. *Father's Occupation,* Porter
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Sabina Gershaber

Address, No. 128 West Pl

Remarks,

HEALTH DEPARTMENT FEB 86 BALTIMORE, MD.

be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

& Co., City Printers and Stationers.

RETURN OF A BIRTH 84791

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st Child

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Jan. 30th 1886
4. *Place of Birth, (Street and Number)* 283 Eastern av
5. *Full Name of Mother,* Frances Clemson
6. *Mother's Maiden Name,* Coxon
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Richard H Clemson
9. *Father's Occupation,* Police
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs Wiley

Address, No 12 Patterson Park

Remarks,

HEALTH DEPT. BALTIMORE MD

& Co., City Printers and Stationers.

RETURN OF A BIRTH 84792

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
FEB
BALTIMORE MD

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, 30 January
4. Place of Birth, (Street and Number) 32 Ensor
5. Full Name of Mother, Jenny Dixon
6. Mother's Maiden Name, Offel
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Edward D. Dixon
9. Father's Occupation, Book-keeper
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Sarah Casper

Address, 72. E. Lombard street

Remarks,

be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH 84793

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
FEB 1 1886
BALTIMORE MD

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, Jan 30th 1886
4. Place of Birth, (Street and Number) 284 Orleans st.
5. Full Name of Mother, Katie Kunkel
6. Mother's Maiden Name, " Kitzel
7. Mother's Birthplace, City
8. Full Name of Father, August Kunkel
9. Father's Occupation, Cigarmaker
10. Father's Birthplace, City

Name of Medical Attendant, or other Person who makes this Return. Mrs Elizabeth Betz

Address, 120 Bank st.

Remarks,

be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH. 84794

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4 P

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* W.
3. *Date of Birth* Jany 30/94
4. *Place of Birth, (Street and Number)* 2050 E. Pkeld
5. *Full Name of Mother,* Isabella Mullikin
6. *Mother's Maiden Name,* " Poinsend
7. *Mother's Birthplace,* Illinois
8. *Full Name of Father,* Wm Mullikin
9. *Father's Occupation,* Conductor - Railway
10. *Father's Birthplace,* B. Co.

Name of Medical Attendant, or other Person who makes this Return. Geo. L. Wells Cin

Address, 7 S. Broadway

Remarks,

be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

rphy & Co., City Printers and Stationers,

11107

RETURN OF A BIRTH 84795

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
FEB 1 1936
BALTIMORE MD

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9 Child

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 30 Jan. 1886
4. Place of Birth, (Street and Number) 379 Aisquith St
5. Full Name of Mother, Maggie Anfang
6. Mother's Maiden Name, Mench
7. Mother's Birthplace, Germany
8. Full Name of Father, Joseph Anfang
9. Father's Occupation, Salora
10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return Mrs Wiley

Address, 40 12 Patterson Park av

Remarks,

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH 8496

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	30th jan 1886
4. *Place of Birth, (Street and Number)*	Baltimore Md William st
5. *Full Name of Mother,*	Cathrine Conway
6. *Mother's Maiden Name,*	Cathrine kritzer
7. *Mother's Birthplace,*	Baltimore Md
8. *Full Name of Father,*	William Conway
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	Baltimore Md
Name of Medical Attendant, or other Person who makes this Return	Mrs Conway
Address,	131 Battery Av
Remarks,	Healthy

HEALTH DEPARTMENT BALTIMORE MD

TY PRINTERS AND STATIONERS.

RETURN OF A BIRTH 84497

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2 th
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	January 30 1886
4. *Place of Birth, (Street and Number)*	Hubert St
5. *Full Name of Mother,*	Maggie Sulevan
6. *Mother's Maiden Name,*	Maggie Kenedy
7. *Mother's Birthplace,*	Ireland
8. *Full Name of Father,*	James Sulevan
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	Ireland
Name of Medical Attendant, or other Person who makes this Return.	Mrs Ettel
Address,	No 13 Cuba St
Remarks,	

HEALTH DEPARTMENT

hy & Co., City Printers and Stationers.

RETURN OF A BIRTH 84798

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall [illegible] thereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	Jan. 30th 86
4. Place of Birth, (Street and Number)	#59 Walker St.
5. Full Name of Mother,	Emma Kalter
6. Mother's Maiden Name,	Gruening
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	John Kalter
9. Father's Occupation,	Driver
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Henry Krohl
Address,	#328 S Eutaw St.
Remarks,	

HEALTH DEPARTMENT
FEB 3 1886
BALTIMORE MD.

...ley & Co., City Printers and Stationers.

RETURN OF A BIRTH 84799

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) coled
3. Date of Birth, January '30 th 1886
4. Place of Birth, (Street and Number) Hamstead St No 36
5. Full Name of Mother, Sarah L. Williams
6. Mother's Maiden Name, Sarah L. Thomes
7. Mother's Birthplace, Mississipy
8. Full Name of Father, Jorge L. Williams
9. Father's Occupation, Labor
10. Father's Birthplace, Virginia

Name of Medical Attendant, or other Person who makes this Return. Susan Morgan

Address, 47 North Durham St

Remarks,

HEALTH DEPARTMENT FEB 2 1886 BALTIMORE, MD.

...y & Co., City Printers and Stationers.

...be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, January 11th

4. Place of Birth, (Street and Number) 195 Sterling St

5. Full Name of Mother, Mary Wellsfield

6. Mother's Maiden Name, Rice

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Henry Wellsfield

9. Father's Occupation, Brush maker

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. Julia Simon

Address, No 70 Granby St.

Remarks,

HEALTH DEPART

be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH 8x801

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
BALTIMORE MD

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth, 30th Jany 1886

4. Place of Birth, (Street and Number) 272 N Pratt st

5. Full Name of Mother, Ellen Longmead

6. Mother's Maiden Name, Callan

7. Mother's Birthplace, England

8. Full Name of Father, John Longmead

9. Father's Occupation, Gardner

10. Father's Birthplace, England

Name of Medical Attendant, or other Person who makes this Return. S. M. Webster

Address, 101 Barre st

Remarks,

be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

& Co., City Printers and Stationers.

RETURN OF A BIRTH

8 4 802

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
FEB 10 1886
BALTIMORE, MD

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, Jan 30 1886

4. Place of Birth, (Street and Number) 31 Stockton St

5. Full Name of Mother, Emily Lewis

6. Mother's Maiden Name, Emily Bulkeley

7. Mother's Birthplace, Fredericksburg Va

8. Full Name of Father, James H Lewis

9. Father's Occupation, Laborer

10. Father's Birthplace, Richmond Va

Name of Medical Attendant, or other Person who makes this Return. for Lewis & Mills

Address, 21 Stockton St

Remarks,

be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

& Co., City Printers and Stationers.

RETURN OF A BIRTH 8x803

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st Child

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Jan 30 : 1886. 10 P.M.
4. Place of Birth, (Street and Number) 267 N. Amer St.
5. Full Name of Mother, Catharine Amanda Colbert
6. Mother's Maiden Name, E. A. Callahan
7. Mother's Birthplace, Balto. City
8. Full Name of Father, Robert Bonner Colbert
9. Father's Occupation, Tin Can Maker
10. Father's Birthplace, Balto. City

Name of Medical Attendant, or other Person who makes this Return. James E. Donnelly M.D.

Address, 299 E Balto. St.

Remarks,

HEALTH DEPARTMENT, FEB 9 1886 BALTIMORE, MD.

be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

hy & Co., City Printers and Stationers.

RETURN OF A BIRTH 84804

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
FEB 9 1886
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6 #

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, Jan 31 # 1886
4. Place of Birth, (Street and Number) 46 Burgundy Alley
5. Full Name of Mother, Nannie Gray
6. Mother's Maiden Name,
7. Mother's Birthplace, Balto City
8. Full Name of Father, Thomas Gray
9. Father's Occupation, Laborer
10. Father's Birthplace, Calvert County MD

Name of Medical Attendant, or other Person who makes this Return. Deborah Thomas

Address, 71 Burgundy alley

Remarks,

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

y & Co., City Printers and Stationers.

RETURN OF A BIRTH

84805

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
MAR 4 1886
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th Child

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* January 31th - 1886
4. *Place of Birth, (Street and Number)* Balto # 35 Waesche St
5. *Full Name of Mother,* Mary. Alice. Robinson
6. *Mother's Maiden Name,* Mary Alice Fisher
7. *Mother's Birthplace,* Annapolis
8. *Full Name of Father,* James H Robinson
9. *Father's Occupation,* Porter
10. *Father's Birthplace,* Balto City

Name of Medical Attendant, or other Person who makes this Return. Anne Johnson

Address, 94 Tyson st

Remarks.

Be in Attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

& Co., City Printers and Stationers.

RETURN OF A BIRTH

12806

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* January 5 1886

4. *Place of Birth, (Street and Number)* No 118 McElderry St.

5. *Full Name of Mother,* Anna Fuce

6. *Mother's Maiden Name,* Anna Most

7. *Mother's Birthplace,* Balto

8. *Full Name of Father,* Henry Fuce

9. *Father's Occupation,* Basket maker

10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other Person who makes this Return. H. L. Birt

Address, 185 S.E. cor Central av. & Monument St

Remarks, 1st Male

K. B.

HEALTH DEPARTMENT FEB 27 1886 BALTIMORE MD.

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RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
FEB 19 1886
BALTIMORE MD

duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th
1. *Sex, (state whether male or female)*	Female.
2. *Race or Color, (if not of the white race)*	White.
3. *Date of Birth,*	Jan 31st 1886.
4. *Place of Birth, (Street and Number)*	86 N Bappleton st.
5. *Full Name of Mother,*	Mary Barry.
6. *Mother's Maiden Name,*	Mary Welsond
7. *Mother's Birthplace,*	Baltimore City.
8. *Full Name of Father,*	Georgs G Barry.
9. *Father's Occupation,*	Salesman
10. *Father's Birthplace,*	Baltimore City
Name of Medical Attendant, or other Person who makes this Return	Josha D Pennington.
Address,	
Remarks,	

CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

84808

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, FEB 10 1886 BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd

Name George Prestman

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth Jan. 31st 1886

4. Place of Birth, (Street and Number) No 281 Linden Ave.

5. Full Name of Mother, Eveline Prestman

6. Mother's Maiden Name, Eveline Peas

7. Mother's Birthplace, Buffalo

8. Full Name of Father, Thos. Prestman

9. Father's Occupation, Attorney

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. Saml. T. Earle M.D.

Address, No 317 Linden Ave.

Remarks,

report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

...by & Co., City Printers and Stationers.

84809

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* Jan 31st 1886
4. *Place of Birth, (Street and Number)* 31 Stockholm St
5. *Full Name of Mother,* Emily Lewis
6. *Mother's Maiden Name,* Emily Bulheter
7. *Mother's Birthplace,* Fredericksburg Va
8. *Full Name of Father,* James H Lewis
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Richmond Va

Name of Medical Attendant, or other Person who makes this Return. Lennie her X Mills

Address, 31 Stockholm St

Remarks,

HEALTH DEPARTMENT, FEB 10 1886 BALTIMORE MD

be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH

84810

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 31 of January 1885
4. *Place of Birth, (Street and Number)* No. 40 Covington St
5. *Full Name of Mother,* Minnie Mas loud
6. *Mother's Maiden Name,* Minnie Johnson
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* John Mac loud
9. *Father's Occupation,* Captain
10. *Father's Birthplace,* Massachusetts

Name of Medical Attendant, or other Person who makes this Return, Sabina Greshaber

Address, No. 128 West St

Remarks,

HEALTH DEPART

report his birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH.

82811

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* January 31st 1886
4. *Place of Birth, (Street and Number)* No. 13 Hoburg Alley
5. *Full Name of Mother,* Maggie Miles
6. *Mother's Maiden Name,* Maggie Crouch
7. *Mother's Birthplace,* Baltimore County
8. *Full Name of Father,* George Miles
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Baltimore County

Name of Medical Attendant, or other Person who makes this Return. Catherine Hennessy

Address, No 18 Byrd st

Remarks,

HEALTH DEPARTMENT
FEB 2 1886
BALTIMORE, MD

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

phy & Co., City Printers and Stationers.

GIVEN NAME ADDED 10-25-54

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Ethelwyn Browning Myers

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) White

3. Date of Birth, January 31. 1886

4. Place of Birth, (Street and Number) 218 Clifton Place

5. Full Name of Mother, Kate Myers

6. Mother's Maiden Name, " Price

7. Mother's Birthplace, Pennsylvania

8. Full Name of Father, Wm P. Myers

9. Father's Occupation, Merchant

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Marbury Brown M.D.

Address, 68 McCulloh St.

Remarks,

HEALTH DEPARTMENT FEB 2 1886 BALTIMORE MD

should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars, to be recovered as other fines and penalties are recoverable.

BY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

8/18/13

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 d

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race)

3. Date of Birth, 31 the day of January 1886

4. Place of Birth, (Street and Number) 652 n. Balto str.

5. Full Name of Mother, Annie Lange

6. Mother's Maiden Name, Annie Reis.

7. Mother's Birthplace, Balto City

8. Full Name of Father, Edward Lange

9. Father's Occupation, Cigarmaker

10. Father's Birthplace, Balto City

Name of Medical Attendant, or other Person who makes this Return Mrs. W. Waemel. Midwife

Address, No 8 Pearl str

Remarks,

Be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

84814

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 31 Jan 1886
4. *Place of Birth, (Street and Number)* 138 Low str
5. *Full Name of Mother,* Lizzie Brown
6. *Mother's Maiden Name,* Stevenson
7. *Mother's Birthplace,* Scotland
8. *Full Name of Father,* Jas Brown
9. *Father's Occupation,* Shoemaker
10. *Father's Birthplace,* Phila Pa

Name of Medical Attendant, or other Person who makes this Return. Mrs Rulbig

Address,

Remarks, #48 Holland Str

HEALTH DEPARTMENT FEB 3 1886 BALTIMORE, MD.

birth of any child shall occur without the attendance of a physician or practitioner of the person or parents of such child to be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

...phy & Co., City Printers and Stationers.

RETURN OF A BIRTH

84815

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) ninth child

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) with
3. Date of Birth, Sunday 31 of January 1886
4. Place of Birth, (Street and Number) Monrow St 3 doors below Wilkinson
5. Full Name of Mother, Mary Stilling
6. Mother's Maiden Name, Mary Schaub
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Frank Stilling
9. Father's Occupation, Labor
10. Father's Birthplace, Germanne

Name of Medical Attendant, or other Person who makes this Return Miss Mary Ann Straning

Address, No 48 South Parrish St Balto Md

Remarks, Mother and Child are doing well

HEALTH DEPARTMENT FEB

PRINTERS AND STATIONERS

NOTICE

The succeeding document was received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

84816

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, FEB 5 1886 BALTIMORE, MD.

Charles William ~~Snyder~~

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* January 31st 1886
4. *Place of Birth, (Street and Number)* 134 S. Caroline St
5. *Full Name of Mother,* Margaret Snyder
6. *Mother's Maiden Name,* Miller
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Charles Snyder
9. *Father's Occupation,* Barber
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs Hannah Knowles

Address, 144 S Bond St

Remarks, GIVEN NAME ADDED 12-4-53

L.M.

Report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

Co., City Printers and Stationers.

RETURN OF A BIRTH

82817

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, FEB 1 1886 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) Female,
2. Race or Color, (if not of the white race) White
3. Date of Birth, The 31 of January 1886
4. Place of Birth, (Street and Number) No 252 Central Ave
5. Full Name of Mother, Kate Imhoff
6. Mother's Maiden Name, Kate Binnenstock
7. Mother's Birthplace, Lancaster Pennsylvania
8. Full Name of Father, Adam Binnenstock
9. Father's Occupation, Brick layer
10. Father's Birthplace, Lancaster Pennsylvania

Name of Medical Attendant, or other Person who makes this Return. Mrs Christina Sauer

Address, 173 Harford Ave

Remarks, 1886.

or person who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

City Printers and Stationers

GIVEN NAME ADDED 4-30-52

RETURN OF A BIRTH

84818

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Emma Clara Knapp

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th Child

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, January 31, 1886

4. Place of Birth, (Street and Number) No 8 Leadenhall St

5. Full Name of Mother, Annia Cecila Knapp

6. Mother's Maiden Name, Annia Cecila Thurk

7. Mother's Birthplace, Balto md

8. Full Name of Father, Henry Charles Knapp

9. Father's Occupation, Cigar manufactr

10. Father's Birthplace, Balto md

Name of Medical Attendant, or other Person who makes this Return. Mrs Munch

Address, No 1 Leadenhall St,

Remarks,

HEALTH DEPARTMENT FEB 1 1886 BALTIMORE MD

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

Co., City Printers and Stationers.

84819

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 31 of January 18[illegible]
4. *Place of Birth, (Street and Number)* No. 109 Peach Alley
5. *Full Name of Mother,* Kate Hayser
6. *Mother's Maiden Name,* Kate Conroy
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* John Hayser
9. *Father's Occupation,* Varnisher
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Sabina Greshaber

Address, No. 128 West St

Remarks,

HEALTH DEPARTMENT BALTIMORE MD

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

& Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

24820

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) Black

3. Date of Birth, January 21 1886

4. Place of Birth, (Street and Number) Maternite

5. Full Name of Mother, Lizzie Taylor

6. Mother's Maiden Name, Do

7. Mother's Birthplace, Md

8. Full Name of Father, ———

9. Father's Occupation, ———

10. Father's Birthplace, ———

Name of Medical Attendant, or other Person who makes this Return. William J. Sandrow M.D

Address, Maternite

Remarks,

HEALTH DEPARTMENT, FEB 5 1886 BALTIMORE, MD.

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

& Co., City Printers and Stationers.

RETURN OF A BIRTH

84821

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
FEB 9 1886
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3d,
1. *Sex, (state whether male or female)*	female
2. *Race or Color, (if not of the white race)*	Black
3. *Date of Birth,*	Jan. 31st, 1886
4. *Place of Birth, (Street and Number)*	54 Tyson St.
5. *Full Name of Mother,*	Mary E. Hamilton
6. *Mother's Maiden Name,*	" " Washington
7. *Mother's Birthplace,*	Virginia
8. *Full Name of Father,*	Benjamin Hamilton
9. *Father's Occupation,*	Waiter
10. *Father's Birthplace,*	Virginia
Name of Medical Attendant, or other Person who makes this Return.	F. Barton Brune M.D.
Address,	365 N. Charles St.
Remarks,	Two premature children still born

PRINTER & STATIONER, BALT.

84822

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
FEB 8 1886
BALTIMORE, MD.

No. of Child of Mother (state whether 1st, ~~2d, 3d, &c.~~)

1. Sex, (~~state whether~~ male ~~or female~~)
2. Race or Color, (~~if not of the~~ white race)
3. Date of Birth January 31st 1886
4. Place of Birth, (Street and Number) No 221 E. Madison.
5. Full Name of Mother, Regina Hartman
6. Mother's Maiden Name, Regina Frisch
7. Mother's Birthplace, Austria
8. Full Name of Father, Jacob Hartman
9. Father's Occupation, Furniture Manufacture
10. Father's Birthplace, Austria

Name of Medical Attendant, or other Person who makes this Return. V. Ridgway Andrews & Co

Address, 121 E Balto st Dr Dionnielle

Remarks,

...y & Co., City Printers and Stationers.

...or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

NOTICE

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RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 31st January 1886
4. Place of Birth, (Street and Number) 310 Lexington St
5. Full Name of Mother, Jennie Anna Weidemann
6. Mother's Maiden Name, Jennie Bauer
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, Charles Friedrich Weidemann
9. Father's Occupation, Waterman
10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return. Susan Hunter

Address, 21 N Poppleton St

Remarks,

HEALTH DEPARTMENT
FEB 9 1886
BALTIMORE, MD

be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

y & Co., City Printers and Stationers.

RETURN OF A BIRTH 94824

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 14th Child

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Jan. 2nd 1886.
4. Place of Birth, (Street and Number) 311 N. Broadway.
5. Full Name of Mother, Mary F. Gurley
6. Mother's Maiden Name, " Weaver
7. Mother's Birthplace, Baltimore
8. Full Name of Father, James Gurley
9. Father's Occupation, Captain of Steamboat.
10. Father's Birthplace, Ireland

Name of Medical Attendant, or other Person who makes this Return. John F. White, M.D.

Address, 347 N. Broadway.

Remarks,

HEALTH DEPARTMENT, SEP 11 BALTIMORE MD.

or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH

84820

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
FEB 6 1886
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* Color
3. *Date of Birth,* Jan 11
4. *Place of Birth, (Street and Number)* 47 Diond alley
5. *Full Name of Mother,* Ella [illegible]
6. *Mother's Maiden Name,* Hopkins
7. *Mother's Birthplace,* Hagerstown
8. *Full Name of Father,* Tony Hopkins
9. *Father's Occupation,* Waiter
10. *Father's Birthplace,* Goddardcounty

Name of Medical Attendant, or other Person who makes this Return Liza Cornish

Address, 81 Hornby Lane

Remarks,

Any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

PRINTERS AND STATIONERS.

RETURN OF A BIRTH 84826

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st,

Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) White

3. Date of Birth, 13 of Januar

4. Place of Birth, (Street and Number) 365 Saratoga str.

5. Full Name of Mother, Frida, Maria, Johanna, Schellin

6. Mother's Maiden Name, Frieda.

7. Mother's Birthplace, Doberan. (Germanya)

8. Full Name of Father, Georg, Ludwig, Hinberg

9. Father's Occupation, Baarkeper

10. Father's Birthplace, Bethelm Fr. Hannover (Germanya)

Name of Medical Attendant, or other Person who makes this Return. Mrs Annie Schneider

Address, 60 North Schroeder St.

Remarks,

HEALTH DEPARTMENT FEB 27 1886 BALTIMORE, MD.

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH 84817

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT FEB 13 1886 BALTIMORE MD

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Sunday Monday, Jan 18th 1886

4. Place of Birth, (Street and Number) 92 Ridgley st

5. Full Name of Mother, Christina

6. Mother's Maiden Name, Lena Frank

7. Mother's Birthplace, ~~East~~ Germany Europe

8. Full Name of Father, Julius Frank

9. Father's Occupation, Tailor

Father's Birthplace, Europe

Name of Medical Attendant, or other Person who makes this Return. Mrs Bauge

Address, 426 Cross street

Remarks,

for each offense to be recovered as other fines and forfeitures are recoverable.

, City Printers and Stationers.

RETURN OF A BIRTH

84828

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
Sex, (state whether male or female)	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Jany 21st
4. *Place of Birth, (Street and Number)*	239 Lee St
5. *Full Name of Mother,*	Maggie Brock
6. *Mother's Maiden Name,*	" Stubb,
7. *Mother's Birthplace,*	City
8. *Full Name of Father,*	Ana H. Brock
9. *Father's Occupation,*	Clerk
Father's Birthplace,	City
Name of Medical Attendant, or other Person who makes this Return.	J. C. Brock MD
Address,	151 Hanover St
Remarks,	

HEALTH DEPARTMENT, JUL 21 1886 BALTIMORE, MD.

or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to the same penalties for each offense to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH 84829

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3d.
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	Jany 25
4. *Place of Birth, (Street and Number)*	20 John St
5. *Full Name of Mother,*	Bella Webb
6. *Mother's Maiden Name,*	Morrison
7. *Mother's Birthplace,*	Balto
8. *Full Name of Father,*	Geo P. Webb
9. *Father's Occupation,*	Insurance Agent
10. *Father's Birthplace,*	Balto
Name of Medical Attendant, or other Person who makes this Return.	J Hamilton
Address,	257 Mad. Ave.
Remarks,	

HEALTH DEPARTMENT JUN 15 1898 BALTIMORE MD.

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

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GIVEN NAME ADDED 1-31-51

RETURN OF A BIRTH

84830

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Percy L. Booth

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* January 30th 1886
4. *Place of Birth, (Street and Number)* 21 Hill St
5. *Full Name of Mother,* Minnie Booth
6. *Mother's Maiden Name,* " Getz
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Jno T Booth
9. *Father's Occupation,* Restaurant Keeper
10. *Father's Birthplace,* St Mary Co Md

Name of Medical Attendant, or other Person who makes this Return Theodore Cooke M.D.

Address, 146 Hanover St

Remarks,

HEALTH DEPARTMENT, FEB 1 1886 BALTIMORE

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

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NOTICE

The succeeding documents were received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

RETURN OF A BIRTH

24831

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, JUL 21 1886, BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Jany 3 8th
4. *Place of Birth, (Street and Number)* Hill & Sharp sts
5. *Full Name of Mother,* Emma Weller
6. *Mother's Maiden Name,* " Folkmar
7. *Mother's Birthplace,* City
8. *Full Name of Father,* Geo Weller
9. *Father's Occupation,* Druggist
10. *Father's Birthplace,* City

Name of Medical Attendant, or other Person who makes this Return, J. C. Burch MD

Address, 151 Hanover St

Remarks,

Report the birth to the Commissioner, or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH

84832

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

Sex, (~~state whether~~ male ~~or female~~)

Race or Color, (~~if not~~ of the white race)

Date of Birth, 2, 8, 86

Place of Birth, (Street and Number) 185 German St

Full Name of Mother, Mary Annie Mathews

Mother's Maiden Name, Thweatt –

Mother's Birthplace, Petersburg Va

Full Name of Father, Chas. S. Mathews –

9. Father's Occupation, Finisher

10. Father's Birthplace, Balto –

Name of Medical Attendant, or other Person who makes this Return Lewis M. Eastman

Address, 349 Lex^t

Remarks, Natural

HEALTH DEPARTMENT, FEB 11 1886 BALTIMORE, MD.

to a fine of ten dollars for each offence, to be recovered as other fines and forfeitures.

...TERS AND STATIONERS.

RETURN OF A BIRTH.

84833

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT, FEB 9 1886 BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 8th

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth Feby 3rd 1886
4. Place of Birth (Street and Number) 485 Saratoga St.
5. Full Name of Mother Rebecca Hullett
6. Mother's Maiden Name Rebecca Gollier
7. Mother's Birthplace Baltimore Md
8. Full Name of Father Franklin Hullett
9. Father's Occupation U S Revenue Service
10. Father's Birthplace Balto Md.

Name of Medical Attendant, or other Person who makes this Return. Dr. A A White

Address 552 Franklin St.

Remarks natural

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH. 8734

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) First

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* W.
3. *Date of Birth* Feb 3 18/86
4. *Place of Birth, (Street and Number)* 72 Granby St
5. *Full Name of Mother,* Wenna Willmarine
6. *Mother's Maiden Name,* " Killman
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Fratz Killman
9. *Father's Occupation,* Cabinetmaker
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs. Goetz Ke

Address, #55 S. Bond St.

Remarks,

HEALTH DEPARTMENT FEB 8 1886 BALTIMORE MD

be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH 84835

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, JUL 21 1886 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Feby 4th
4. *Place of Birth, (Street and Number)* 11 Pearl St
5. *Full Name of Mother,* Martha Menshaw
6. *Mother's Maiden Name,* " Shaw
7. *Mother's Birthplace,* Massachusetts
8. *Full Name of Father,* Thos. Menshaw
9. *Father's Occupation,* Engineer
10. *Father's Birthplace,* City

Name of Medical Attendant, or other Person who makes this Return. J. C. Burch Jnr

Address, 151 Hanover St

Remarks,

[illegible] be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

[illegible] & Co. City Printers and Stationers

RETURN OF A BIRTH.

8 8 36

e Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
FEB
BALTIMORE, MD.

Mother, (state whether 1st, 2d, 3d, &c.) five

ether male or female) Male

r (if not of the white race) White

h forth

th (Street and Number) Baltimore 521 Saratoga St

f Mother Sarah Jane Haskin

iden Name Sarah Jane Flynn

rthplace Baltimore

f Father John Haskin

upation Black Smith.

thplace Iland

ical [illegible]*ndant,* or other Person who makes this Return. Mrs Ruth Colhouer

No 674 - West Pratt St

RETURN OF A BIRTH

M 857

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Feby 7th
4. Place of Birth, (Street and Number) 294 Hanover St
5. Full Name of Mother, Joanah Fuld
6. Mother's Maiden Name, " Stein
7. Mother's Birthplace, Germany
8. Full Name of Father, Isidore Fuld
9. Father's Occupation, Salesman
10. Father's Birthplace, City

Name of Medical Attendant, or other Person who makes this Return. J. C. Burch MD

Address, 151 Hanover St

Remarks,

HEALTH DEPARTMENT, JUL 21 1886 BALTIMORE, MD.

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

& Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the case of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d & 3d Twins

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Feb. 8th 1886.
4. Place of Birth, (Street and Number) 139 Lenna. Ave.
5. Full Name of Mother, Mollie Willers
6. Mother's Maiden Name, Shilling
7. Mother's Birthplace, Md.
8. Full Name of Father, Wm. W. Willers
9. Father's Occupation, Clerk.
10. Father's Birthplace, Balto City

Name of Medical Attendant, or other Person who makes this Return — J. W. Christian M.D.

Address, 506 Madison Ave.

Remarks,

HEALTH DEPARTMENT FEB 11 1886 BALTIMORE MD.

TY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

8 839

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
FEB 11 1886
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 13"

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* February 8" 1886
4. *Place of Birth, (Street and Number)* 648 Light
5. *Full Name of Mother,* Annie Claridy
6. *Mother's Maiden Name,* " McCall
7. *Mother's Birthplace,* Baltimore Md
8. *Full Name of Father,* John Claridy
9. *Father's Occupation,* in Gas-House
10. *Father's Birthplace,* Baltimore Md

Name of Medical Attendant, or other Person who makes this Return. D. A. Cooke MD.

Address, 110 Fort av

Remarks,

be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

y & Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 8 Feb 1886
4. Place of Birth, (Street and Number) 328 Eager st
5. Full Name of Mother, Mary Hall
6. Mother's Maiden Name, Mary Kupsurva
7. Mother's Birthplace, Bohemia
8. Full Name of Father, John Hall
9. Father's Occupation, Tailor
10. Father's Birthplace, Bohemia

Name of Medical Attendant, or other Person who makes this Return, Mary Koplost

Address, 69 N Washington st

Remarks,

HEALTH DEPARTMENT
FEB 11 1886
BALTIMORE, MD.

Report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH 8 841

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 2 Feb 1886
4. *Place of Birth, (Street and Number)* 33 Duncan alley
5. *Full Name of Mother,* Sophia Beasley
6. *Mother's Maiden Name,* Sophia Katashova
7. *Mother's Birthplace,* Bohemia
8. *Full Name of Father,* Antoine Beasley
9. *Father's Occupation,* Tailor
10. *Father's Birthplace,* Bohemia

Name of Medical Attendant, or other Person who makes this Return. Mary Hospital

Address, 69 N. Washington St

Remarks,

HEALTH DEPARTMENT FEB 11 1886 BALTIMORE, MD.

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

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NOTICE

The succeeding documents were received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

RETURN OF A BIRTH

No 842

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT, FEB 11 1886 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	7th
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	Feby 8th 1886
4. Place of Birth, (Street and Number)	1114 Biddle
5. Full Name of Mother,	Sarah Kelly Green
6. Mother's Maiden Name,	Sarah Kelly
7. Mother's Birthplace,	Md
8. Full Name of Father,	Peter Green
9. Father's Occupation,	Farmer
10. Father's Birthplace,	Md
Name of Medical Attendant, or other Person who makes this Return	C B Gardner M D
Address,	59 Cathedral
Remarks,	

ANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

No 843

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 8 Feb 1865
4. *Place of Birth, (Street and Number)* 20 Madeira alley
5. *Full Name of Mother,* Mary Hamel
6. *Mother's Maiden Name,* Mary Beck
7. *Mother's Birthplace,* Bavaria
8. *Full Name of Father,* Georges Hamel
9. *Father's Occupation,* Shoemaker
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return. Mary Koptish

Address, 69 N Washington St

Remarks,

HEALTH DEPARTMENT FEB 11 1865 BALTIMORE MD.

birth of any child shall be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH.

8 8 44

Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT, FEB 26 1888 BALTIMORE, MD.

Mother, (state whether 1st, 2d, 3d, &c.) first

her male or female) Male

(if not of the white race) White

Eight

(Street and Number) Baltimore 648 West Pratt

Mother Annie Stapleton

en Name Annie Reid

hplace Ireland

Father Thomas Stapleton

pation Labor

place Ireland

al At[illegible]ant, or other Person who makes this Return. Mrs Ruth Cathover

RETURN OF A BIRTH, 87845

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT, FEB 6 1886 BALTIMORE MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First -
1. *Sex (state whether male or female)*	male -
2. *Race or Color, (if not of the white race)*	White -
3. *Date of Birth*	February 8. 86
4. *Place of Birth, (Street and Number)*	276 W. Lombard St
5. *Full Name of Mother*	Lena Evans -
6. *Mother's Maiden Name*	" Smith.
7. *Mother's Birthplace*	Baltimore md
8. *Full Name of Father*	Wm H. Evans -
9. *Father's Occupation*	Commission Merchant
10. *Father's Birthplace*	Baltimore md
Name of Medical Attendant, or other Person who makes this Return.	Stewart MD.
Address	202 W. Lombard St
Remarks	

Name of the mother of such child or children.

RETURN OF A BIRTH

84846

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 8th Feb
4. *Place of Birth, (Street and Number)* 275 N. Ann St
5. *Full Name of Mother,* Catherine Senft
6. *Mother's Maiden Name,* " Hock
7. *Mother's Birthplace,* Balto.
8. *Full Name of Father,* Conrad Senft
9. *Father's Occupation,* Taylor
10. *Father's Birthplace,* Holland Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs. Julia Groom

Address, 466 N Gay St.

Remarks,

HEALTH DEPARTMENT FEB 9 1886 BALTIMORE MD.

be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

y & Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9th

1. Sex, (~~state whether male or~~ female)
2. Race or Color, (~~if not of the white race~~)
3. Date of Birth, 6 Feb. 1886
4. Place of Birth, (Street and Number) 72 N Front St.
5. Full Name of Mother, Mrs Mary Ryttenberg
6. Mother's Maiden Name, Mary L. Benedetsen
7. Mother's Birthplace, Poland
8. Full Name of Father, Isaac D. Ryttenberg
9. Father's Occupation, Merchant
10. Father's Birthplace, Austr. Poland

Name of Medical Attendant, or other Person who makes this Return. A. Leonard MD

Address, 3 E Balto St

Remarks,

HEALTH DEPARTMENT, FEB 16 1886 BALTIMORE MD

certificate as well the first attending by the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

phy & Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of ~~Health~~, ~~Baltimore~~ City.

HEALTH DEPARTMENT
FEB 15 1886
BALTIMORE, MD

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* February 8 1886
4. *Place of Birth, (Street and Number)* Baltimore No 58 Dewberry Alley
5. *Full Name of Mother,* Mary Nelson Connolly
6. *Mother's Maiden Name,* Mary Nelson Connolly
7. *Mother's Birthplace,* Baltimore Md
8. *Full Name of Father,* Thomas Francis Connolly
9. *Father's Occupation,* Blacksmith
10. *Father's Birthplace,* Norfolk Va

Name of Medical Attendant, or other Person who makes this Return. Susan Hunter

Address, 21 N Poppleton St

Remarks,

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

& Co., City Printers and Stationers.

RETURN OF A BIRTH

No 849

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 8 Feb 1885
4. *Place of Birth, (Street and Number)* 67 Fayett court
5. *Full Name of Mother,* Kate Rott
6. *Mother's Maiden Name,* Kate Bergman
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Frank Rott
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return. Mary Koptisk

Address, 69 N Washington st

Remarks,

HEALTH DEPARTMENT
FEB 11 1886
BALTIMORE, MD.

be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

...by & Co., City Printers and Stationers.

RETURN OF A BIRTH 84850

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
FEB 11 1886
BALTIMORE MD

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 8 Feb 1885
4. *Place of Birth, (Street and Number)* 206 N Wolfe st
5. *Full Name of Mother,* Mary Mandler
6. *Mother's Maiden Name,* Mary Sittinger
7. *Mother's Birthplace,* Maryland
8. *Full Name of Father,* Louis Mandler
9. *Father's Occupation,* Potter
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return. Mary Hofstat

Address, 69 N Washington st

Remarks,

certificate between the first [illegible] of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be r[illegible]ed as other fines and forfeitures are recoverable.

rphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 8 Feb 1886
4. Place of Birth, (Street and Number) 69 N Washington St
5. Full Name of Mother, Antonia Hale
6. Mother's Maiden Name, Hanek Antonia
7. Mother's Birthplace, Bohemia
8. Full Name of Father, Joseph Hale
9. Father's Occupation, Laborer
10. Father's Birthplace, Bohemia

Name of Medical Attendant, or other Person who makes this Return. Mary Hyatt

Address, 69 N Washington St

Remarks,

HEALTH DEPARTMENT
FEB 11 1886
BALTIMORE, MD.

...by & Co., City Printers and Stationers.

RETURN OF A BIRTH

84 852

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
FEB 11 1885
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 8 Feb 1885
4. Place of Birth, (Street and Number) 252 Jefferson st
5. Full Name of Mother, Mary Hershal
6. Mother's Maiden Name, Mary Duchoslav
7. Mother's Birthplace, Bohemia
8. Full Name of Father, Otto Hershal
9. Father's Occupation, Tailor
10. Father's Birthplace, Bohemia

Name of Medical Attendant, or other Person who makes this Return, Mary Koptisk

Address, 621 Washington st

Remarks,

birth of any child shall occur without the attendance of a physician, it shall become the duty of the person or parents of such child to be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

phy & Co., City Printers and Stationers.

RETURN OF A BIRTH

Ox 853

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
FEB 22 1886
BALTIMORE, MD

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) she is the 8 child of the mother

1. *Sex, (state whether male or female)* girl or female
2. *Race or Color, (if not of the white race)* color
3. *Date of Birth,* on the 9 of february 1886
4. *Place of Birth, (Street and Number)* S. howard street 321
5. *Full Name of Mother,* Eliza Sprigg Roezle ester sprigg
6. *Mother's Maiden Name,* Eliza bird
7. *Mother's Birthplace,* colbt county
8. *Full Name of Father,* john f sprigg
9. *Father's Occupation,* seaman
10. *Father's Birthplace,* colbut county

Name of Medical Attendant, or other Person who makes this Return Annie johnson

Address, 103 plum alley

Remarks, light brown skin

duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH 84854

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
MA 1 1886
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* white race
3. *Date of Birth,* February the 9th
4. *Place of Birth, (Street and Number)* Baltimore Cl St No 64
5. *Full Name of Mother,* Emma v Lambert
6. *Mother's Maiden Name,* neal
7. *Mother's Birthplace,* Dorchester Co Md
8. *Full Name of Father,* Elisha f Lambert
9. *Father's Occupation,* watermon
10. *Father's Birthplace,* Dorchester Co Md

Name of Medical Attendant, or other Person who makes this Return. Elizabeth Hathorn

Address, Light St No 532

Remarks,

be in attendance upon the Mother, handmaking the same in the manner and within the period above required, and any such person report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

& Co., City Printers and Stationers.

NOTICE

The succeeding documents were received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

RETURN OF A BIRTH

Ex 855

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, FEB 27 1886 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2th.

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* February 9
4. *Place of Birth, (Street and Number)* Carlton St No 16
5. *Full Name of Mother,* Laura Merle
6. *Mother's Maiden Name,* Laura Lange ~~Behlen~~
7. *Mother's Birthplace,* Germane. Behlen
8. *Full Name of Father,* Henry Merle
9. *Father's Occupation,* ~~Bar~~ ~~Bar~~ Beer Sallon
10. *Father's Birthplace,* Germane.

Name of Medical Attendant, or other Person who makes this Return. Miss Annie Pumler

Address, 60. North Schroeder St.

Remarks,

Report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

& Co., City Printers and Stationers.

RETURN OF A BIRTH 4856

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) W[illegible]

3. Date of Birth, February 1, 1896

4. Place of Birth, (Street and Number) Maternité

5. Full Name of Mother, Fanny Clark

6. Mother's Maiden Name, Do

7. Mother's Birthplace, Md

8. Full Name of Father, —

9. Father's Occupation, —

10. Father's Birthplace, —

Name of Medical Attendant, or other Person who makes this Return. William S Gardner M.D.

Address, Maternité

Remarks,

HEALTH DEPARTMENT, MAR 5 1896 BALTIMORE MD

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

y & Co., City Printers and Stationers.

RETURN OF A BIRTH 8857

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Feby 9/86
4. *Place of Birth, (Street and Number)*	227 N. Carey St
5. *Full Name of Mother,*	Judith Cohen
6. *Mother's Maiden Name,*	"
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	E. M. Cohen
9. *Father's Occupation,*	Merchant
10. *Father's Birthplace,*	Balto
Name of Medical Attendant, or other Person who makes this Return.	Thomas Opie M. D.
Address,	179 N. Howard St.
Remarks,	

ET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH 8858

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (*state whether* 1*st*, 2*d*, 3*d*, &c.)	Fourth
1. *Sex*, (*state whether male or female*)	Male
2. *Race or Color*, (*if not of the white race*)	White
3. *Date of Birth*,	9 Feb. 1886
4. *Place of Birth*, (*Street and Number*)	781 W. Balt st.
5. *Full Name of Mother*,	Maria Mercer
6. *Mother's Maiden Name*,	Edelen
7. *Mother's Birthplace*,	Alexandria Va.
8. *Full Name of Father*,	John M. Mercer
9. *Father's Occupation*,	Carpenter
10. *Father's Birthplace*,	Balt.
Name of Medical Attendant, or other Person who makes this Return	John Hood
Address,	594 W. Fayette st.
Remarks,	

FEB 15 1886

NTERS AND STATIONERS

RETURN OF A BIRTH 8959

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth, February 9th 1886

4. Place of Birth, (Street and Number) No 225 E. Chase St

5. Full Name of Mother, Agnes Edell

6. Mother's Maiden Name, Kilmeyer

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Joseph Edell

9. Father's Occupation, Labor work

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Louise Schulte

Address, No 243 E Chase St

Remarks,

HEALTH DEPARTMENT, FEB 11 1886 BALTIMORE, MD.

...Y PRINTERS AND STATIONERS.

RETURN OF A BIRTH

14860

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
FEB 10 1886
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3d
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Feb. 9th 1886
4. *Place of Birth, (Street and Number)*	109 Montgomery St
5. *Full Name of Mother,*	Harriet Hopper
6. *Mother's Maiden Name,*	Harriet Howard
7. *Mother's Birthplace,*	Eastern Shore Md
8. *Full Name of Father,*	Samuel G. Copper
9. *Father's Occupation,*	Mariner
10. *Father's Birthplace,*	Kent Co Md
Name of Medical Attendant, or other Person who makes this Return.	H B Noble Md
Address,	00 Warren, av
Remarks,	

be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

A. Co., City Printers and Stationers

RETURN OF A BIRTH 1886

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

HEALTH DEPARTMENT FEB 10 1886 BALTIMORE MD

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2tes

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, 9th Februar 1886

4. Place of Birth, (Street and Number) Eastern Avenue 111

5. Full Name of Mother, Carlotte Bemke

6. Mother's Maiden Name, Carlotte Rathgeber

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Henri Bemke

9. Father's Occupation, Laborer

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Mrs Jos Hill

Address, 43. S. Castle Street

Remarks,

TY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

No. 862

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (~~*state whether 1st, 2d, 3d, &c.*~~)

1. *Sex,* (~~*state whether*~~ *male* ~~*or female*~~)
2. *Race or Color,* (~~*if not of the white race*~~)
3. *Date of Birth,* Feby 9th 1886, P M
4. *Place of Birth,* (*Street and Number*) 165 Market Space
5. *Full Name of Mother,* Louisa Rosa
6. *Mother's Maiden Name,* " Dominica
7. *Mother's Birthplace,* Italy
8. *Full Name of Father,* Antonio Rosa
9. *Father's Occupation,* Barber
10. *Father's Birthplace,* Italy

Name of Medical Attendant, or other Person who makes this Return. A. Thurston M.D.

Address, 88 E Baltimore St

Remarks,

HEALTH DEPARTMENT, FEB 10 1886 BALTIMORE MD.

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RETURN OF A BIRTH 84863

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, FEB 17 1886 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Secent

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Born 9 February 1886
4. *Place of Birth, (Street and Number)* 189 Ann St
5. *Full Name of Mother,* Menney Momberger
6. *Mother's Maiden Name,* Kroning
7. *Mother's Birthplace,* Germoney
8. *Full Name of Father,* John Momberger
9. *Father's Occupation,* Leuberear
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs Wiley

Address, No 12 Patterson Park av

Remarks,

for each offense to be recovered as other fines and forfeitures are recoverable.

o., City Printers and Stationers.

RETURN OF A BIRTH 8864

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT. FEB 13 1886 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Feb 9 — 1886
4. *Place of Birth, (Street and Number)*	374 Hilton ave
5. *Full Name of Mother,*	Mary E. Eubank
6. *Mother's Maiden Name,*	Mary E. Richardson
7. *Mother's Birthplace,*	Brooklyn N Y
8. *Full Name of Father,*	John W Eubank Jr
9. *Father's Occupation,*	Agent in Norwalk Lock Co.
10. *Father's Birthplace,*	Newborne N. C
Name of Medical Attendant, or other Person who makes this Return	J. W. Clark
Address,	217 N. Stricker St.
Remarks,	

PRINTERS AND STATIONERS

RETURN OF A BIRTH 8486

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) colrd
3. Date of Birth, 201 Lexington ~~Street~~
4. Place of Birth, (Street and Number) Born 9 Feb
5. Full Name of Mother, Sarah McGumber
6. Mother's Maiden Name, Sarah McGumber
7. Mother's Birthplace, Baltimore
8. Full Name of Father, John Green
9. Father's Occupation, oyster shucker
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. Angeline Wilson

Address, 314 N. Howard st

Remarks,

HEALTH DEPARTMENT FEB 19 1886 BALTIMORE MD.

Reports are birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

& Co., City Printers and Stationers.

RETURN OF A BIRTH.

8 & 66

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
FEB 22 1886
BALTIMORE MD

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Fifth

1. *Sex (~~state whether~~ ~~Male or~~ Female)*
2. *Race or Color (~~if not~~ of the white race)*
3. *Date of Birth* Feb 9th 1886
4. *Place of Birth (Street and Number)* 32 Mosher
5. *Full Name of Mother* Mary Ellen Meaulsby
6. *Mother's Maiden Name* Seager
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* David Le Meaulsby
9. *Father's Occupation* Boots-keeper
10. *Father's Birthplace* Balt
11. *Name of Medical Attendant, or other Person who makes this Return.* Elias le Price M.D.
12. *Address* 262 Madison Ave
13. *Remarks*

of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

Ex 867

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
FEB 22 1886
BALTIMORE, MD

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) One Child

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored Race
3. *Date of Birth,* Feb 9
4. *Place of Birth, (Street and Number)* No 4 Jefferson St court
5. *Full Name of Mother,* Creasia Mathues
6. *Mother's Maiden Name,* Creasia Queen
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* John Mathues
9. *Father's Occupation,* Labor
10. *Father's Birthplace,* Fredrick Cty

Name of Medical Attendant, or other Person who makes this Return. Lucindia Woolford

Address, 131 Register St

Remarks,

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

& Co., City Printers and Stationers.

RETURN OF A BIRTH 4868

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2d Child
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	9 Feby 1886
4. Place of Birth, (Street and Number)	240 N. Carey St
5. Full Name of Mother,	Jennie M. Evans
6. Mother's Maiden Name,	Jennie M. Steele
7. Mother's Birthplace,	Concord N. H.
8. Full Name of Father,	Amos Henry Evans
9. Father's Occupation,	Lawyer
10. Father's Birthplace,	Harford Co. Maryland,
Name of Medical Attendant, or other Person who makes this Return	Wm J. Evans M. D.
Address,	240 N. Carey St
Remarks,	

HEALTH DEPARTMENT, FEB 16 1886, BALTIMORE MD

ULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
FEB 1[illegible] 1906
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 9th Febuary
4. Place of Birth, (Street and Number) 102 Columbia ave
5. Full Name of Mother, Mary Dannberg
6. Mother's Maiden Name, Mary Dietrich
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, Otto Dietrich
9. Father's Occupation, Painter
10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return. Mr Oliver

Address, 74 Columbia ave city

Remarks,

birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

guy & Co., City Printers and Stationers.

RETURN OF A BIRTH 8487

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Feby 9th 1886
4. *Place of Birth, (Street and Number)*	522 Hanover St
5. *Full Name of Mother,*	Mary Snyder
6. *Mother's Maiden Name,*	" Sasla
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	Louis Snyder
9. *Father's Occupation,*	Cotton
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other Person who makes this Return	Theadore Cook M.D.
Address,	116 Hanover St
Remarks,	

HEALTH DEPARTMENT FEB 15 1886 BALTIMORE MD.

...be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

...by & Co., City Printers and Stationers.

RETURN OF A BIRTH.

8871

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) Black or Negro
3. Date of Birth Feb 9 1886
4. Place of Birth, (Street and Number) 97 N. Dallas St
5. Full Name of Mother, Georgie Harwood
6. Mother's Maiden Name, Pierce
7. Mother's Birthplace, Balto. Md.
8. Full Name of Father, William Harwood
9. Father's Occupation, Boxmaker
10. Father's Birthplace, Balto Md.

Name of Medical Attendant, or other Person who makes this Return. Caroline Miller

Address, 415 Walker St. Balto. Md.

Remarks,

HEALTH DEPARTMENT, FEB 15 1886, BALTIMORE MD.

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

...by & Co., City Printers and Stationers.

RETURN OF A BIRTH

No. 872

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
FEB 11 1886
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Feb 7, 1886
4. *Place of Birth, (Street and Number)* 101 N Chapple st
5. *Full Name of Mother,* Josefine Zink
6. *Mother's Maiden Name,* Josephine Zang
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Joseph Zang
9. *Father's Occupation,* Tailor
10. *Father's Birthplace,* Bohemia

Name of Medical Attendant, or other Person who makes this Return. May Hofstich

Address, 69 N Washington st

Remarks,

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

& Co., City Printers and Stationers.

RETURN OF A BIRTH 84873

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, FEB 11 1886 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 9 Feb 1886
4. Place of Birth, (Street and Number) 179 Bidde st
5. Full Name of Mother, May Novotny
6. Mother's Maiden Name, May Shurachek
7. Mother's Birthplace, Bohemia
8. Full Name of Father, Frank Novotny
9. Father's Occupation, Laborer
10. Father's Birthplace, Bohemia

Name of Medical Attendant, or other Person who makes this Return. May Koptisk

Address, 69 N Washington st

Remarks,

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

Co., City Printers and Stationers.

RETURN OF A BIRTH 84874

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, FEB 11 1886 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 9 Feb 1886
4. Place of Birth, (Street and Number) Cor Washington and Fayette st
5. Full Name of Mother, Kate Kriet
6. Mother's Maiden Name, Kate Kriet
7. Mother's Birthplace, Bohemia
8. Full Name of Father, John Kriet
9. Father's Occupation, Tailor
10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return. Mary Koptiot

Address, 69 N Washington st

Remarks,

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

& Co., City Printers and Stationers.

RETURN OF A BIRTH 84875

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
FEB 11 1886
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 9 Feb 1886
4. *Place of Birth, (Street and Number)* 5 N Patterson Park avenue
5. *Full Name of Mother,* Annie Louskey
6. *Mother's Maiden Name,* Annie German
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Fritz Louskey
9. *Father's Occupation,* Shoemaker
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return. Mary Koptist

Address, 691 Washington st

Remarks,

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

& Co., City Printers and Stationers.

RETURN OF A BIRTH 84876

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT FEB 16 1886 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Child.

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth, Feb 9 — 1886.

4. Place of Birth, (Street and Number) 166 Hamburg st.

5. Full Name of Mother, Anna Desor.

6. Mother's Maiden Name, Steinbach

7. Mother's Birthplace, America.

8. Full Name of Father, August Desor.

9. Father's Occupation, Schreiner.

10. Father's Birthplace, Germany.

Name of Medical Attendant, or other Person who makes this Return. J. Lohwasser, Midwife.

Address, 330 Hanover st.

Remarks,

report its birth to the Commissioner of Health, at the mariner and within the person above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

Co., City Printers and Stationers.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. 877

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	8
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	W.
3. *Date of Birth*	Feb. 10.
4. *Place of Birth, (Street and Number)*	Barnes 4 L.
5. *Full Name of Mother,*	Mary Dippel
6. *Mother's Maiden Name,*	Fleishman
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	Martin Dippel
9. *Father's Occupation,*	Tailor
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other Person who makes this Return.	Josephine Conrad
Address,	20 Barnes
Remarks,	

HEALTH DEPARTMENT APR 7 1886 BALTIMORE, MD.

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

phy & Co., City Printers and Stationers.

RETURN OF A BIRTH.

8878

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 9 1886 BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st "
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	Feb 10th 1886
4. Place of Birth (Street and Number)	N. E. Cor. Washington & Keyser Sts "
5. Full Name of Mother	Jennie Hopwood
6. Mother's Maiden Name	Jennie Harrison
7. Mother's Birthplace	Harrisonburg Va "
8. Full Name of Father	Thos. E. Hopwood
9. Father's Occupation	Fireman
10. Father's Birthplace	Frederick Md.
Name of Medical Attendant, or other Person who makes this Return.	A. C. Watson
Address	399 N. Central Ave.
Remarks	

of the parents, and the maiden name of the mother of such child or children.

NOTICE

The succeeding document was received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

RETURN OF A BIRTH

84879

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, february. 10. 1886
4. Place of Birth, (Street and Number) Baltimore 441 E Lombard St
5. Full Name of Mother, Annie C Wilson
6. Mother's Maiden Name, Annie C Wingate
7. Mother's Birthplace, Dorchester Co. Md.
8. Full Name of Father, Henry Wilson
9. Father's Occupation, Seaman
10. Father's Birthplace, Scotland

Name of Medical Attendant, or other Person who makes this Return. Mrs Hannah Knowles

Address, 144 S Bond St

Remarks,

be in attendance upon the Mother, immediately [illegible] report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

& Co., City Printers and Stationers.

RETURN OF A BIRTH 24880

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
MAR 3 1886
BALTIMORE MD

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 10 February 1886
4. Place of Birth, (Street and Number) 117 E. Monument St.
5. Full Name of Mother, Emma Barrett
6. Mother's Maiden Name, " Haines
7. Mother's Birthplace, Balt. Md.
8. Full Name of Father, James Barrett
9. Father's Occupation, Baker
10. Father's Birthplace, Balt. Md.

Name of Medical Attendant, or other Person who makes this Return. Mrs Rosa Illig

Address, 45 Holland St

Remarks, Balt. Md

Be in attendance upon the mother, and within the period above required, and any such person report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

y & Co., City Printers and Stationers.

RETURN OF A BIRTH. 24881

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 8th Child.

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth Feb 11th 1886

4. Place of Birth, (Street and Number) 617 S. Mount

5. Full Name of Mother, Susan E. Murray.

6. Mother's Maiden Name, " " " Lien

7. Mother's Birthplace, York Pa.

8. Full Name of Father, James A. Murray.

9. Father's Occupation, Machinist.

10. Father's Birthplace, Baltimore.

Name of Medical Attendant, or other Person who makes this Return. Annie Snider

Address, 614 S. Mount

Remarks,

HEALTH DEPARTMENT, MAR 3 1886, BALTIMORE, MD.

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

...y & Co., City Printers and Stationers.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

HEALTH DEPARTMENT
MAR 2 1896
BALTIMORE MD

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race) White
3. Date of Birth Feb. 10th 1896
4. Place of Birth, (Street and Number) #617 W. Clay St.
5. Full Name of Mother, Annie Schmidt
6. Mother's Maiden Name, Silber
7. Mother's Birthplace, Balto. Md.
8. Full Name of Father, Henry Schmidt
9. Father's Occupation, Laborer
10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return. Dr. Louis Schlegel

Address, #1825 W. Monument St.

Remarks,

phy & Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1883

HEALTH DEPARTMENT
FEB 27 1886
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	Feb 10/86
4. Place of Birth, (Street and Number)	194 Dolphin st
5. Full Name of Mother,	Louisa M. Greineisen
6. Mother's Maiden Name,	" " Schulz
7. Mother's Birthplace,	Baltimore City
8. Full Name of Father,	Carl M. Greineisen
9. Father's Occupation,	Merchant
10. Father's Birthplace,	Germany
Name of Medical Attendant, or other Person who makes this Return.	Jno. F. Gibbons M.D.
Address,	47 Edmondson ave
Remarks,	

Report this birth to the Commissioner of Health, in the manner and within the period above specified, and any person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT,
FEB 25 1886
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	February 10/86
4. *Place of Birth, (Street and Number)*	#231 Lexington
5. *Full Name of Mother,*	Mrs. Emma R. Kirby
6. *Mother's Maiden Name,*	" " Smith
7. *Mother's Birthplace,*	Frederick City Md.
8. *Full Name of Father,*	Wm Kirby
9. *Father's Occupation,*	Cab Business
10. *Father's Birthplace,*	Balto Co
Name of Medical Attendant, or other Person who makes this Return.	T. Chew Worthington M.D.
Address,	#873 W. Fayette St.
Remarks,	

PRINTER & STATIONER, BALT.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	First
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth*	February 10th 1886
4. *Place of Birth, (Street and Number)*	# 448 East Monument St
5. *Full Name of Mother,*	Anna E Franks
6. *Mother's Maiden Name,*	" " Baker
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	William H Franks
9. *Father's Occupation,*	Clerk
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	J. E. Hooks M.D.
Address,	241 E Baltimore St
Remarks,	

HEALTH DEPARTMENT FEB 24 1886 BALTIMORE

Report to be made to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH. 8886

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth* Feb 10th 1886
4. *Place of Birth, (Street and Number)* 816 Whaleant St. Baltimore
5. *Full Name of Mother,* Margaret E. Strange
6. *Mother's Maiden Name,* Margaret E. Jackson
7. *Mother's Birthplace,* Baltimore, Md.
8. *Full Name of Father,* William G. Strange
9. *Father's Occupation,* Wagoner
10. *Father's Birthplace,* Richmond, Virginia.

Name of Medical Attendant, or other Person who makes this Return. Margaret E. Spriggs

Address, No. 7 Sullivan Street Balto. Md.

Remarks,

HEALTH DEPARTMENT FEB 23 1886 BALTIMORE, MD.

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH

N 887

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, FEB 15 1886 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5d.
1. *Sex, (state whether male or female)*	Male.
2. *Race or Color, (if not of the white race)*	White. race.
3. *Date of Birth,*	Feb. 10/86.
4. *Place of Birth, (Street and Number)*	No. 11 Barney. st.
5. *Full Name of Mother,*	Mary. W. Steinbuck.
6. *Mother's Maiden Name,*	" " Huth
7. *Mother's Birthplace,*	Balto. Md.
8. *Full Name of Father,*	William Steinbuck.
9. *Father's Occupation,*	Labor. Man.
10. *Father's Birthplace,*	Balto. Md.
Name of Medical Attendant, or other Person who makes this Return.	Annie Geems.
Address,	No. 634. Light. St.
Remarks,	

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
FEB 1 1886
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 Child.

1. *Sex (state whether male or female)* Male.
2. *Race or Color (if not of the white race)* White.
3. *Date of Birth* 10 of the month.
4. *Place of Birth (Street and Number)* No. 7 Laurel St.
5. *Full Name of Mother* Mary Ann Stephenson.
6. *Mother's Maiden Name* Joseph.
7. *Mother's Birthplace* Baltimore.
8. *Full Name of Father* Cornelius Stephenson.
9. *Father's Occupation* Engineer.
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Jane Guy

Address 70 N. Bond St.

Remarks

NAME OF THE MOTHER OF SUCH CHILD OF CHILDREN.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, FEB 15 1886 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 10 of Feb. 1886
4. *Place of Birth, (Street and Number)* No. 335 William St
5. *Full Name of Mother,* Lizzie Pape
6. *Mother's Maiden Name,* Lizzie Lynell
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Adam Pape
9. *Father's Occupation,* Baker
10. *Father's Birthplace,* Hessen

Name of Medical Attendant, or other Person who makes this Return. Sabina Breshaber

Address, No. 128 West St

Remarks,

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH

No 890

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
FEB 12 1886
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	9th
Sex, (state whether male or female)	male
2. *Race or Color, (if not of the white race)*	Colored
3. *Date of Birth,*	February 10th
4. *Place of Birth, (Street and Number)*	181 Chestnut Alley
5. *Full Name of Mother,*	Rachal Riston
6. *Mother's Maiden Name,*	Reed
7. *Mother's Birthplace,*	Baltimore City
8. *Full Name of Father,*	Robert Riston
9. *Father's Occupation,*	Labour
10. *Father's Birthplace,*	Baltimore City
Name of Medical Attendant, or other Person who makes this Return.	Annie Johnson
Address,	94 Tyson st
Remarks,	

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH

8891

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, FEB 12 1886 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* February 10th 1886
4. *Place of Birth, (Street and Number)* 16 Courtland St
5. *Full Name of Mother,* Mary Agnes Wright
6. *Mother's Maiden Name,* Mary Agnes Blaine
7. *Mother's Birthplace,* 143 St Paul St City
8. *Full Name of Father,* Calvin Dew Wright
9. *Father's Occupation,* Stewart
10. *Father's Birthplace,* Essex County Virginia

Name of Medical Attendant, or other Person who makes this Return. Annie Johnson

Address, 9 N Tyson street

Remarks,

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH

1502

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
FEB 11 1886
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2d
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Feb. 10. 1886.
4. *Place of Birth, (Street and Number)*	379 Penna. Ave.
5. *Full Name of Mother,*	Mary A. Gutbilight
6. *Mother's Maiden Name,*	Quinn
7. *Mother's Birthplace,*	Balto. City
8. *Full Name of Father,*	Chas. A. Gutbilight
9. *Father's Occupation,*	Cigarmaker
10. *Father's Birthplace,*	Balto City
Name of Medical Attendant, or other Person who makes this Return	J. H. Christian M.D.
Address,	506 Madison Ave.
Remarks,	

duty of the parent or parents of such child to report the birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

Y PRINTERS AND STATIONERS.

RETURN OF A BIRTH

1893

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) .....

1. *Sex, (state whether ~~male~~ or female)* Female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* Feb 10th 1886
4. *Place of Birth, (Street and Number)* 1. Pottary Lane
5. *Full Name of Mother,* Sarah. Giles
6. *Mother's Maiden Name,* Sarrah Killard
7. *Mother's Birthplace,* Md.
8. *Full Name of Father,* Samuel. Giles
9. *Father's Occupation,* Labor
10. *Father's Birthplace,* Md.

Name of Medical Attendant, or other Person who makes this Return. Elizabeth Mcdonel

Address, 124 N. Durham St

Remarks, Died with headcoarn

HEALTH DEPARTMENT
FEB 16 1886
BALTIMORE MD

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

& Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Thirfourth

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* February 10 1886
4. *Place of Birth, (Street and Number)* 226 Bank St.
5. *Full Name of Mother,* Bella Drusgill
6. *Mother's Maiden Name,* Waithman
7. *Mother's Birthplace,* Matthuess Co.
8. *Full Name of Father,* Tomas Drusgill
9. *Father's Occupation,* Captain of a schooner.
10. *Father's Birthplace,* Matthuess Co

Name of Medical Attendant, or other Person who makes this Return. Mrs Wiley

Address, No 12 Patterson Parkway

Remarks,

HEALTH DEPARTMENT, FEB 17 1886 BALTIMORE, MD.

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4 Child

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Color
3. Date of Birth Feb. 10
4. Place of Birth, (Street and Number) 299 Hamburg St.
5. Full Name of Mother, Sarah C Gross
6. Mother's Maiden Name, Sarah C Comager
7. Mother's Birthplace, Baltimore
8. Full Name of Father, John Gross
9. Father's Occupation, Oyster Shucker
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. Milly Gross

Address, 181 York Street

Remarks,

HEALTH DEPARTMENT, FEB 16 1886 BALTIMORE, MD.

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

ohy & Co., City Printers and Stationers.

RETURN OF A BIRTH. 4896

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 12 child

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) Colar
3. Date of Birth 10 of febuary
4. Place of Birth, (Street and Number) 206 hamburg Street
5. Full Name of Mother, Sarah C Meredith
6. Mother's Maiden Name, Sarah C Chew
7. Mother's Birthplace, Baltimore
8. Full Name of Father, John H Meredith
9. Father's Occupation, Grain measure
10. Father's Birthplace, Kent island

Name of Medical Attendant, or other Person who makes this Return. Milly Gross

Address, 181 York Street

Remarks,

HEALTH DEPARTMENT, FEB 16 1886, BALTIMORE, MD.

for each offence to be recovered as other fines and forfeitures are recoverable.

Co., City Printers and Stationers.

RETURN OF A BIRTH

8 897

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th Child

1. Sex, (state whether ~~male or~~ female)
2. Race or Color, (if not of the white race) White
3. Date of Birth, February the 10, 1886,
4. Place of Birth, (Street and Number) Disquet St. No. 130
5. Full Name of Mother, Mary Elden
6. Mother's Maiden Name, Mary Limpert
7. Mother's Birthplace, Balto City
8. Full Name of Father, Friedrich Elden
9. Father's Occupation, Laborer
10. Father's Birthplace, Balto City

Name of Medical Attendant, or other Person who makes this Return, Mary E. Müller

Address, N. Dallas St. No. 26

Remarks,

HEALTH DEPARTMENT, FEB 12 1886 BALTIMORE, MD.

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

& Co., City Printers and Stationers.

RETURN OF A BIRTH 1898

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* Feb 10
4. *Place of Birth, (Street and Number)* 303 Conway Street
5. *Full Name of Mother,* Amelia Green
6. *Mother's Maiden Name,* Amelia Howard
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* John Green
9. *Father's Occupation,* Sailor
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Angeline Wilson

Address, 314 South Howard Street

Remarks,

HEALTH DEPARTMENT FEB 19 1898 BALTIMORE MD

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

y & Co., City Printers and Stationers.

RETURN OF A BIRTH

84899

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

BALTIMORE, MD. FEB 12 1886

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 ter Child

1. Sex, (state whether ~~male or~~ female)
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, February the, 10, 1886.
4. Place of Birth, (Street and Number) S. Dallas St. No. 78.
5. Full Name of Mother Laura Henry
6. Mother's Maiden Name, Laura Dorden
7. Mother's Birthplace, Balt^o City
8. Full Name of Father, Charles J. Henry
9. Father's Occupation, Laborer
10. Father's Birthplace, Balt^o City

Name of Medical Attendant, or other Person who makes this Return. Mary E. Müller

Address, N. Dallas St. No. 26

Remarks,

Report as birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

& Co., City Printers and Stationers.

RETURN OF A BIRTH

8900

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, 10. Feb 1886
4. Place of Birth, (Street and Number) 214 North Gay St
5. Full Name of Mother, Mary Kidd
6. Mother's Maiden Name, Mary Crane
7. Mother's Birthplace, Ireland
8. Full Name of Father, George Kidd
9. Father's Occupation, Coach Maker
10. Father's Birthplace, Ireland

Name of Medical Attendant, or other Person who makes this Return. Wm. Reiss Gebauer

Address, No 28. N. Frederick Street Baltimore

Remarks,

W.C.

HEALTH DEPARTMENT
FEB 7 1886
BALTIMORE, MD.

Report all birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

A. Co., City Printers and Stationers.

NOTICE

The succeeding document was received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

RETURN OF A BIRTH 1901

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) No 8

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 10 of February 1886
4. *Place of Birth, (Street and Number)* Baltimore 262 Lombard St
5. *Full Name of Mother,* Agusta O. L. Mills
6. *Mother's Maiden Name,* Agusta O. L. Robins
7. *Mother's Birthplace,* Dorchester County
8. *Full Name of Father,* Robert P. Mills
9. *Father's Occupation,* Oysters, of the Bay
10. *Father's Birthplace,* Dorchester County

Name of Medical Attendant, or other Person who makes this Return. Mrs Hannah Knowles

Address,

Remarks,

& Co., City Printers and Stationers.

RETURN OF A BIRTH

84902

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Febry 10th 1886
4. *Place of Birth, (Street and Number)* 17 N. Eden St
5. *Full Name of Mother,* Annie Margaretha Beck
6. *Mother's Maiden Name,* Itzel
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Fred H. Beck
9. *Father's Occupation,* Cigar maker
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return. S. W. Seldner M.D.

Address, S. E. Cor Caroline Hager Sts

Remarks,

HEALTH DEPARTMENT, APR 17 1886 BALTIMORE, MD.

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

& Co., City Printers and Stationers.

RETURN OF A BIRTH

8 903

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
MAR 9 1886
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Feb 10th 1886
4. *Place of Birth, (Street and Number)* 414 Calhoun St
5. *Full Name of Mother,* Mary Nicholson
6. *Mother's Maiden Name,* Mary Clinton
7. *Mother's Birthplace,* Balto Md
8. *Full Name of Father,* Jos. Nicholson
9. *Father's Occupation,* Cordy Maker
10. *Father's Birthplace,* Balto Md

Name of Medical Attendant, or other Person who makes this Return. Mrs A Messenzehl

Address, 123 Mosher St

Remarks,

report its birth to the Commissioner of Health, in the manner and within the period prescribed in this section, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 8490 6

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
FEB 15 1886
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th Child

1. Sex, (state whether male or female) Baby

2. Race or Color, (if not of the white race) White race

3. Date of Birth, 10th of Feb 1886

4. Place of Birth, (Street and Number) No 630 West Baltimore

5. Full Name of Mother, Mrs Trimpe

6. Mother's Maiden Name, Miss Maggie Bohn

7. Mother's Birthplace, Born Baltimore

8. Full Name of Father, Mr David Trimpe

9. Father's Occupation, Saloon

10. Father's Birthplace, Born Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs Hilker

Address, 1017 west Pratt st

Remarks,

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH

8 905

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

1886

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* Feby 10th
4. *Place of Birth, (Street and Number)* Nro 11 second St
5. *Full Name of Mother,* Rebecca American
6. *Mother's Maiden Name,* Rebecca Spielman
7. *Mother's Birthplace,* Poland
8. *Full Name of Father,* Jacob American
9. *Father's Occupation,* Tailor
10. *Father's Birthplace,* Poland

Name of Medical Attendant, or other Person who makes this Return Daniel V Moyer MD

Address, 192 Aisquith St

Remarks, City

HEALTH DEPARTMENT FEB 16 1886 BALTIMORE, MD.

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RETURN OF A BIRTH 84906

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* February 10th 1886
4. *Place of Birth, (Street and Number)* No. 240. Saratoga St
5. *Full Name of Mother,* Hannah E Norris
6. *Mother's Maiden Name,* Hannah E McMahon
7. *Mother's Birthplace,* Balto Md
8. *Full Name of Father,* Joseph E Norris
9. *Father's Occupation,* Shoe Fitter
10. *Father's Birthplace,* Baltimore Md

Name of Medical Attendant, or other Person who makes this Return. Susan Hinds

Address, 21 N Appleton St

Remarks,

HEALTH DEPARTMENT
FEB 18 1886
BALTIMORE, MD.

be in attendance upon the mother, immediately after the birth of such child, shall report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

y & Co., City Printers and Stationers.

RETURN OF A BIRTH 84907

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, FEB 1[illegible] 1886 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 10 of Feb. 1886
4. Place of Birth, (Street and Number) No. 195 William St
5. Full Name of Mother, Maggie Stresker
6. Mother's Maiden Name, Maggie Kerner
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Anton Stresker
9. Father's Occupation, Tailor
10. Father's Birthplace, Hanover

Name of Medical Attendant, or other Person who makes this Return. Sabina Greshaber

Address, No. 128 West St

Remarks,

[illegible] or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

[illegible] Co., City Printers and Stationers.

RETURN OF A BIRTH 24908

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
FEB 16 1886
BALTIMORE MD

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd child.

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race)
3. Date of Birth, Feb 11 1886
4. Place of Birth, (Street and Number) 128 West st.
5. Full Name of Mother, Louise Gamblin
6. Mother's Maiden Name, Schneider
7. Mother's Birthplace, America.
8. Full Name of Father, William Gamblin
9. Father's Occupation, Cooper
10. Father's Birthplace, America.

Name of Medical Attendant, or other Person who makes this Return. J. Schwasser. Midwife.

Address, 330 Hanover st

Remarks.

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

Co., City Printers and Stationers.

RETURN OF A BIRTH, 84909

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT, FEB 15 1886, BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* Thursday Feb. 11th 1886.
4. *Place of Birth, (Street and Number)* No 9 Furrow St
5. *Full Name of Mother* Leana Herman
6. *Mother's Maiden Name* Leana H Jann
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Earnest. Herman
9. *Father's Occupation* Machinest
10. *Father's Birthplace* Germany.

Name of Medical Attendant, or other Person who makes this Return. Catherine Dold.

Address No 37 Bankston St

Remarks

RETURN OF A BIRTH

84910

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
FEB 16 1886
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th Child.

1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race)
3. Date of Birth, Feb. 11 1886.
4. Place of Birth, (Street and Number) 26 Saltzy st.
5. Full Name of Mother, Lina Meister.
6. Mother's Maiden Name, Liesner.
7. Mother's Birthplace, America.
8. Full Name of Father, Henry Meister.
9. Father's Occupation, Cooper.
10. Father's Birthplace, America.

Name of Medical Attendant, or other Person who makes this Return. J. Schwasser Midwife.

Address, 230 Hanover st.

Remarks,

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

Co., City Printers and Stationers.

RETURN OF A BIRTH

84911

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT, FEB 15 1886 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Black
3. *Date of Birth,* Feb 11th 1886
4. *Place of Birth, (Street and Number)* 61 Carlton St
5. *Full Name of Mother,* Jenn Horn
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Va
8. *Full Name of Father,* John Horn
9. *Father's Occupation,* Labor
10. *Father's Birthplace,* Va

Name of Medical Attendant, or other Person who makes this Return. J H Branham

Address, 1 Edmondson ave

Remarks,

T, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH

84912

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, FEB 15 1886 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Feby 11th 1886
4. *Place of Birth, (Street and Number)* 522 Hanover St
5. *Full Name of Mother,* Rosa V Kane
6. *Mother's Maiden Name,* " " Quinn
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Mich. J. Kane
9. *Father's Occupation,* Engineer
10. *Father's Birthplace,* Ireland

Name of Medical Attendant, or other Person who makes this Return Theodore Cooke M.D.

Address, 14 Hanover St

Remarks,

Report the birth to the Commissioner, and any person who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

Co., City Printers and Stationers.

RETURN OF A BIRTH

8913

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, FEB 15 1886 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 11 of Feb. 1886
4. *Place of Birth, (Street and Number)* No. 94 Howard St
5. *Full Name of Mother,* Emma Obrian
6. *Mother's Maiden Name,* Emma Harle
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Patrick Obrian
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Sabina Gershaber

Address, No. 108 West St

Remarks,

...or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH.

~~89914~~ 84914

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, FEB 15 1886 BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 7

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth* Feb. 11, 1886
4. *Place of Birth, (Street and Number)* 52 Miller St. Balto. Md
5. *Full Name of Mother,* Sophia Pifer
6. *Mother's Maiden Name,* Souder
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* John Pifer
9. *Father's Occupation,* ~~Carpenter~~ Carpenter
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return. Caroline Miller

Address, 115 Walker St. Balto. Md.

Remarks,

be in attendance upon the mother, immediately thereafter it shall [illegible] report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

rphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Twins fourth and fifth

1. Sex, (state whether male or female) Females

2. Race or Color, (if not of the white race) White race

3. Date of Birth, February 11

4. Place of Birth, (Street and Number) Baltimore 105 Greenmount Av.

5. Full Name of Mother, Mary Joseph Hubbard

6. Mother's Maiden Name, Mary Joseph Mullen

7. Mother's Birthplace, Baltimore Md.

8. Full Name of Father, Georg W Hubbard

9. Father's Occupation, Laborer

10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other Person who makes this Return Mrs Wooden

Address, 120 Greenmount Av

Remarks,

HEALTH DEPARTMENT
FEB 15 1886
BALTIMORE, MD

CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

~~8916~~ 8496

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Seventh 7th

1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, Thirteenth of Feb 1886
4. Place of Birth, (Street and Number) Tolbert Court No 3.
5. Full Name of Mother, Mary Elizza Gillyoard.
6. Mother's Maiden Name, Mary Elizza Hutchins
7. Mother's Birthplace, Baltimore City
8. Full Name of Father, Charles Gillyoard
9. Father's Occupation, Can maker.
10. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other Person who makes this Return. Susan Morgan

Address, 109 North Durham St

Remarks,

HEALTH DEPARTMENT FEB 15 1886 BALTIMORE, MD

Be in attendance upon the Mother, and shall, in the manner and within the period above required, and any such person report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

& Co., City Printers and Stationers.

RETURN OF A BIRTH

8997
84917

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Prepare the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 11 Feb. 1886
4. *Place of Birth, (Street and Number)* 98 Hoffman St
5. *Full Name of Mother,* Theresa Lipsp
6. *Mother's Maiden Name,* " Reiser
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* Joseph Lipsp
9. *Father's Occupation,* Clerk
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other Person who makes this Return. Mrs Julia Groom

Address, 466 N Gay St

Remarks,

HEALTH DEPARTMENT
FEB 17 1886
BALTIMORE MD.

y & Co., City Printers and Stationers.

RETURN OF A BIRTH

~~89918~~ 84918

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, Feb. 11. 1886
4. Place of Birth, (Street and Number) Hampstead st. No. 81.
5. Full Name of Mother, Carrie Brummell.
6. Mother's Maiden Name, Carrie. Thomas
7. Mother's Birthplace, talbot Co Md
8. Full Name of Father, John Brummell.
9. Father's Occupation, Seaman.
10. Father's Birthplace, Talbot Co.

Name of Medical Attendant, or other Person who makes this Return Francis Anderson

Address, No 30 McCubbin Street.

Remarks.

HEALTH DEPARTMENT, FEB 13 1886 BALTIMORE, MD.

duty of the parent or parents of such child to report its birth to the Board of Health, in the Manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

Y PRINTERS AND STATIONERS.

RETURN OF A BIRTH

~~8994~~ 8914

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, FEB 13 1886 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 11 of February 1886
4. Place of Birth, (Street and Number) 201 Harford Ave
5. Full Name of Mother, Elisa Chase
6. Mother's Maiden Name, Elisa O'Neill
7. Mother's Birthplace, Baltimore
8. Full Name of Father, George Chase
9. Father's Occupation, Book Binder
10. Father's Birthplace, Washington

Name of Medical Attendant, or other Person who makes this Return. Mrs Christina Sowers

Address, 173 Harford Ave

Remarks, 1886.

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

~~84970~~ 84970

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* Feb 11th 1886
4. *Place of Birth, (Street and Number)* No 4 Stockton St
5. *Full Name of Mother,* Mollie Nicholson
6. *Mother's Maiden Name,* Mollie Simmons
7. *Mother's Birthplace,* Washington
8. *Full Name of Father,* Leo Nicholson
9. *Father's Occupation,* Rail Road Employee
10. *Father's Birthplace,* Adams Co

Name of Medical Attendant, or other Person who makes this Return. Mrs E Jones

Address, 123 Walker St

Remarks,

HEALTH DEPARTMENT
FEB 9 1886
BALTIMORE, MD.

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

~~page 27~~ 84921

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

report its birth to the Commissioner of Health, in the provisions of this section, shall be subjected to the fine of ten (10) dollars or persons who shall hereafter fail to comply with for each offense to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d birth

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* 11 February
4. *Place of Birth, (Street and Number)* Alice- Ann St
5. *Full Name of Mother,* Egi Michael
6. *Mother's Maiden Name,* " Mullstaub
7. *Mother's Birthplace,* Baltimor
8. *Full Name of Father,* Albert Michael
9. *Father's Occupation,*
10. *Father's Birthplace,* Bremen.

Name of Medical Attendant, or other Person who makes this Return.

Address, Bird Manor

Remarks,

Centre Market Space No 15

HEALTH DEPARTMENT
FEB 20 1886
BALTIMORE MD.

RETURN OF A BIRTH.

~~89922~~
84922

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT, FEB 22 1886 BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) First

1. Sex (~~state whether Male or~~ Female)
2. Race or Color (~~if not~~ of the white race)
3. Date of Birth Feb 11th 1886
4. Place of Birth (Street and Number) No 20 Etting St
5. Full Name of Mother Annie Carey Stanton
6. Mother's Maiden Name Durfey
7. Mother's Birthplace Virginia
8. Full Name of Father Benj F Stanton.
9. Father's Occupation Carpenter
10. Father's Birthplace North Carolina

Name of Medical Attendant, or other Person who makes this Return. Elias C Price M.D.

Address 262 Madison Ave

Remarks

of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

~~89923~~ 84923

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth Feb 11 1886
4. Place of Birth, (Street and Number) 306 Canton Ave
5. Full Name of Mother, Johanna Bonnet
6. Mother's Maiden Name, Brockman
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Ernst Bonnet
9. Father's Occupation, Shoemaker
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mary Stein

Address, 157 E. Pratt St.

Remarks,

HEALTH DEPARTMENT
MAR 4 1886
BALTIMORE, MD.

Report this birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH.

~~89924~~ 84924

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
MAR 2 1886
BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Race White
3. *Date of Birth* Feb. 1st 1886
4. *Place of Birth, (Street and Number)* 134 Washington
5. *Full Name of Mother,* Mary Belle Forrest
6. *Mother's Maiden Name,* Newbury Kentucky
7. *Mother's Birthplace,* Mary Belle Banks
8. *Full Name of Father,* Edward C. Forrest
9. *Father's Occupation,* Huckster
10. *Father's Birthplace,* Washington D.C.

Name of Medical Attendant, or other Person who makes this Return. Mr. C Seebach

Address, No 439 W Pratt Street

Remarks,

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

...hy & Co., City Printers and Stationers.

RETURN OF A BIRTH

~~84925~~ 84925

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, FEB 23 1886 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 11 Febuary
4. *Place of Birth, (Street and Number)* 66 S. President
5. *Full Name of Mother,* Domaricka Porzeen
6. *Mother's Maiden Name,* Peleon
7. *Mother's Birthplace,* Italy
8. *Full Name of Father,* Willie Porzeen
9. *Father's Occupation,* Shoe-Maker
10. *Father's Birthplace,* Italy

Name of Medical Attendant, or other Person who makes this Return. Sarah Casper

Address, 72. E. Lombard

Remarks,

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH

~~second~~ 84956

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
FEB 23 1886
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, February 11th 1886

4. Place of Birth, (Street and Number) Baltimore No 102 Ridgley

5. Full Name of Mother, Susie E Bradley

6. Mother's Maiden Name, Susie E Manning

7. Mother's Birthplace, St Louis

8. Full Name of Father, William F Bradley

9. Father's Occupation, Policeman

10. Father's Birthplace, Nicomco County Maryland

Name of Medical Attendant, or other Person who makes this Return. Mrs Barnes

Address, 426 Cross Street

Remarks,

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH

~~8[illegible]~~ 84927

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
MAR 12 1886
BALTIMORE MD

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Feby 11th 86.
4. *Place of Birth, (Street and Number)*	130 N. Carey St.
5. *Full Name of Mother,*	Mary Ramer.
6. *Mother's Maiden Name,*	" Schwab.
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Charles Ramer
9. *Father's Occupation,*	Tavelling Clerk
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Thomas Opie M.D
Address,	179 N Howard St.
Remarks,	

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH

84928

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Feby. 11th/86
4. Place of Birth, (Street and Number) 347 Mosher
5. Full Name of Mother, Mary A Singleton
6. Mother's Maiden Name, " " Snyder
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Wm H Singleton
9. Father's Occupation, Stove-mounter
10. Father's Birthplace, Virginia

Name of Medical Attendant, or other Person who makes this Return. Thomas Opie M.D.

Address, 179 N Howard St

Remarks,

HEALTH DEPARTMENT MAR 4 1886 BALTIMORE MD

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH. 4929

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, MAR 3 1886, BALTIMORE, MD

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	First
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth*	February 27th
4. *Place of Birth, (Street and Number)*	27 Monroe st
5. *Full Name of Mother,*	Molley C. Hausner
6. *Mother's Maiden Name,*	Molley C Dorsey
7. *Mother's Birthplace,*	Snow Hill Md.
8. *Full Name of Father,*	Frank K Hausner
9. *Father's Occupation,*	Liver
10. *Father's Birthplace,*	Baltimore city Md.
Name of Medical Attendant, or other Person who makes this Return.	Amos Lindner.
Address,	No. 5. S. Monroe St
Remarks,	

Report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH

84930

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT, FEB 16 1886 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. *Sex, (state whether male or ~~female~~)*
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* July 17th 1886
4. *Place of Birth, (Street and Number)* at Gilmor st. No. 255
5. *Full Name of Mother,*
6. *Mother's Maiden Name,* Cameron
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* Gibson Robinson
9. *Father's Occupation,* Clerk
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other Person who makes this Return. Archie Atkinson M.D.

Address, No. 119 N. Charles st

Remarks, Child born at 8th month - very small - All other children were born before 8th month - Mother very small & delicate

ET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH

84931

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd Child

1. *Sex, (state whether male or female)* Little Girl
2. *Race or Color, (if not of the white race)* White race
3. *Date of Birth,* Born 12th [illegible] 1886
4. *Place of Birth, (Street and Number)* No 212 [illegible]
5. *Full Name of Mother,* Miss Maggie [illegible]
6. *Mother's Maiden Name,* Miss Maggie Meyer
7. *Mother's Birthplace,* Born Bayer Germany
8. *Full Name of Father,* Mr Henry Fohr
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Born Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs. Killer

Address, 1017 west Pratt St

Remarks,

HEALTH DEPARTMENT FEB 16 1886 BALTIMORE

[illegible] or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH.

8932

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT, FEB 16 1886 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Second
1. Sex (state whether Male or Female)	Female.
2. Race or Color (if not of the white race)	
3. Date of Birth	February 12th 1886.
4. Place of Birth (Street and Number)	No. 808 N. Gilmor Street.
5. Full Name of Mother	Agnes R. Smith.
6. Mother's Maiden Name	Wilson.
7. Mother's Birthplace	Baltimore, Md.
8. Full Name of Father	William H. D. Smith.
9. Father's Occupation	Police Officer.
10. Father's Birthplace	Baltimore, Md.
Name of Medical Attendant, or other Person who makes this Return.	James A. Gwaltney, M. D.
Address	No. 810 N. Gilmor Street.
Remarks	

of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

Dr 933

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT, FEB 13 1886 BALTIMORE, MD

No. of Child of Mother (state whether 1st, 2d, 3d, &c) 4th

1. *Sex (state whether ~~Male~~ or Female)*
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Feb 12/1886
4. *Place of Birth (Street and Number)* 458 Carey St. N.
5. *Full Name of Mother* Mary Lindner
6. *Mother's Maiden Name* —
7. *Mother's Birthplace* Balto Md
8. *Full Name of Father* W. Lindner
9. *Father's Occupation* Carpenter
10. *Father's Birthplace* Balto. Md

Name of Medical Attendant, or other Person who makes this Return. [illegible] M.D.

Address 335 N. Eutaw St

Remarks

of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH,

84934

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
FEB 15 1886
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	7th
1. *Sex (state whether male or female)*	female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth*	Feb. 12/86
4. *Place of Birth, (Street and Number)*	41 N. Eutaw St.
5. *Full Name of Mother*	Catharine M. Carter
6. *Mother's Maiden Name*	Murray
7. *Mother's Birthplace*	Cumberland Md.
8. *Full Name of Father*	James Carter
9. *Father's Occupation*	Insurance Agent
10. *Father's Birthplace*	Baltimore Md.
Name of Medical Attendant, or other Person who makes this Return.	N. R. Fetterhoff M. D.
Address	237 Madison Av
Remarks	Child has Spina Bifida.

RETURN OF A BIRTH

84935

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT, FEB 13 1886 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* Colerd
3. *Date of Birth,* 12
4. *Place of Birth, (Street and Number)* 111 North Spring
5. *Full Name of Mother,* Mary Lizey Bias
6. *Mother's Maiden Name,* Mary Lizey Stanely
7. *Mother's Birthplace,* Cambridge MD
8. *Full Name of Father,* Moesis Byes Or
9. *Father's Occupation,* Oster Rucher
10. *Father's Birthplace,* Cambridge Md

Name of Medical Attendant, or other Person who makes this Return

Address, 4 th Smith 100 Maldry St

Remarks,

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RETURN OF A BIRTH,

8x936

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
FEB 15 1886
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Eighth
1. *Sex (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth*	Feby 12. 86
4. *Place of Birth, (Street and Number)*	219 Ramsay st
5. *Full Name of Mother*	Louisa Houck
6. *Mother's Maiden Name*	" Dickson
7. *Mother's Birthplace*	Frederick. Md.
8. *Full Name of Father*	Chas H. Houck
9. *Father's Occupation*	Steam Gas Fitter
10. *Father's Birthplace*	Baltimore Md
Name of Medical Attendant, or other Person who makes this Return.	H. Watts M.D.
Address	202 W. Lombard st
Remarks	

84937

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
FEB 17 1880
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* negro
3. *Date of Birth,* Feb 12th
4. *Place of Birth, (Street and Number)* No 566 W Baltimore St
5. *Full Name of Mother,* Ella Johnson
6. *Mother's Maiden Name,* Ella Cook
7. *Mother's Birthplace,* Mount Gilbert
8. *Full Name of Father,* James Johnson
9. *Father's Occupation,* Farmer
10. *Father's Birthplace,* Howard County

Name of Medical Attendant, or other Person who makes this Return Willey Blacke

Address, 53 Bolton St

Remarks, Healthy

CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

PY 938

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10 child

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* February 12 1886
4. *Place of Birth, (Street and Number)* 233 eastern av
5. *Full Name of Mother,* Mary Melenfield
6. *Mother's Maiden Name,* Buttley
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Frederick Melenfield
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return. M S Wiley

Address, No 12 Patterson Park av

Remarks,

HEALTH DEPARTMENT, FEB 17 1886 BALTIMORE, MD.

...or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH

8 9 39

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
FEB 13 1886
BALTIMORE MD

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1 st.
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	February 12th 1886.
4. *Place of Birth, (Street and Number)*	75 N Fremont St.
5. *Full Name of Mother,*	Sophia Obermeckale,
6. *Mother's Maiden Name,*	Sophia Spilmand
7. *Mother's Birthplace,*	Baltimore City
8. *Full Name of Father,*	Charles A. Obermeckale,
9. *Father's Occupation,*	Salesman
10. *Father's Birthplace,*	Baltimore City
Name of Medical Attendant, or other Person who makes this Return	John D Pennington
Address,	134 N Carrollton Av
Remarks,	

within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

Y PRINTERS AND STATIONERS.

84940

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 12 of February 1886
4. *Place of Birth, (Street and Number)* 9 Getz Ave
5. *Full Name of Mother,* Magaret Growley
6. *Mother's Maiden Name,* Magaret Wallace
7. *Mother's Birthplace,* Ireland
8. *Full Name of Father,* Patrick G Crowley
9. *Father's Occupation,* Labor
10. *Father's Birthplace,* Ireland

Name of Medical Attendant, or other Person who makes this Return. Mrs Christina Sauer

Address, 1734 Harford Ave

Remarks, 1886.

HEALTH DEPARTMENT FEB 13 1886 BALTIMORE, MD.

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

Co. City Printers and Stationers

RETURN OF A BIRTH

8 4941

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st Child.

1. *Sex, (state whether male or female)* Boy.
2. *Race or Color, (if not of the white race)* White.
3. *Date of Birth,* 12th of February 1886.
4. *Place of Birth, (Street and Number)* 333 Jefferson street.
5. *Full Name of Mother,* Addie Mecmaines.
6. *Mother's Maiden Name,* Addie Harps.
7. *Mother's Birthplace,* Baltimore.
8. *Full Name of Father,* Charlie Harps.
9. *Father's Occupation,* Cigar maker.
10. *Father's Birthplace,* Baltimore.

Name of Medical Attendant, or other Person who makes this Return. Crescintia Kunkel.

Address, 71 North Chapel street per Justina Kunkel

Remarks, Healthy.

HEALTH DEPARTMENT, FEB 13 1886 BALTIMORE, MD.

& Co., City Printers and Stationers.

RETURN OF A BIRTH

A 942

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd Child.

1. *Sex, (state whether male or female)* Boy.
2. *Race or Color, (if not of the white race)* White.
3. *Date of Birth,* 12th of February 1886.
4. *Place of Birth, (Street and Number)* 320 East Aisquith street.
5. *Full Name of Mother,* Maggie Dorcy.
6. *Mother's Maiden Name,* Maggie Bolden.
7. *Mother's Birthplace,* Baltimore.
8. *Full Name of Father,* Andrew Bolden.
9. *Father's Occupation,* Tinner.
10. *Father's Birthplace,* Portsmen Virginia.

Name of Medical Attendant, or other Person who makes this Return. Crescintia Kunkel.

Address, 71 North Chapel street per Justina Kunkel.

Remarks, Healthy.

HEALTH DEPARTMENT
FEB 13 1886
BALTIMORE

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

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84943

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 7th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* Feb 12, 1886
4. *Place of Birth, (Street and Number)* 128 Lexington
5. *Full Name of Mother,* Eudosia Armstrong
6. *Mother's Maiden Name,* " Muller
7. *Mother's Birthplace,* Balt
8. *Full Name of Father,* Robert W Armstrong
9. *Father's Occupation,* Merchant
10. *Father's Birthplace,* Balt

Name of Medical Attendant, or other Person who makes this Return. Dr Morgan

Address, 119 W. Monument St

Remarks,

HEALTH DEPARTMENT
FEB 20 1886
BALTIMORE, MD.

Report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

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84944

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, MAR 2 1886 BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) second [illegible]

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* white race
3. *Date of Birth* february 12 friday 5 [illegible]
4. *Place of Birth, (Street and Number)* [illegible] peter [illegible]
5. *Full Name of Mother,* Kate Louisa Kavanaugh
6. *Mother's Maiden Name,* Kate Louisa Wallace
7. *Mother's Birthplace,* Baltimore ~~[illegible]~~ city
8. *Full Name of Father,* Patrick Kavanaugh
9. *Father's Occupation,* [illegible]
10. *Father's Birthplace,* Baltimore city

Name of Medical Attendant, or other Person who makes this Return. Mrs C. Seelack

Address, No 439 W. Pratt [illegible]

Remarks,

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

[illegible]ny & Co., City Printers and Stationers.

RETURN OF A BIRTH

84945

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, ~~3~~d, &c.)

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, February 12.
4. Place of Birth, (Street and Number) 182 Hamburg st Baltimore City
5. Full Name of Mother, Katie Treuting
6. Mother's Maiden Name, Katie Stiebel
7. Mother's Birthplace, Baltimore City
8. Full Name of Father, August Treuting
9. Father's Occupation, Cigar Box Maker
10. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other Person who makes this Return. Miss Minich

Address, #1 Leadenhall st.

Remarks,

HEALTH DEPARTMENT MAR 2 1899 BALTIMORE MD

Co., City Printers and Stationers.

RETURN OF A BIRTH

84946

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* February the 12th 1886
4. *Place of Birth, (Street and Number)* Sheriff A No 129
5. *Full Name of Mother,* Winney Allen
6. *Mother's Maiden Name,* Winney Lawrace
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* John Allen
9. *Father's Occupation,* Labrer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return Mrs S Kelley

Address, No 797 Pratt St

Remarks,

HEALTH DEPARTMENT MAR 2 1886 BALTIMORE, MD.

duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

...TY PRINTERS AND STATIONERS.

RETURN OF A BIRTH 84947

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT FEB 5 1880 BALTIMORE MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) tenth

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) colored Race
3. Date of Birth, born on Feb 12th
4. Place of Birth, (Street and Number) Baltimore 1244 W Pratt St
5. Full Name of Mother, Sarah Robinson
6. Mother's Maiden Name, Sarah Smith
7. Mother's Birthplace, Saint Marys County M D
8. Full Name of Father, Lewis G Robinson
9. Father's Occupation, Cigar Maker
10. Father's Birthplace, Baltimore M D

Name of Medical Attendant, or other Person who makes this Return, Bellester Cook

Address, No 714 Orchard St

Remarks,

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

...City Printers and Stationers

RETURN OF A BIRTH 84948

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
FEB 23 1888
BALTIMORE MD

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, 12 February
4. Place of Birth, (Street and Number) 74 N. Eden
5. Full Name of Mother, Lena Bebenstein
6. Mother's Maiden Name, Bebenbring
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Arthur Bebenstein
9. Father's Occupation, Resturant
10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return. Sarah Casper

Address, 12. E. Lombard

Remarks,

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

Co., City Printers and Stationers.

RETURN OF A BIRTH 84949

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT, BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) fifty the 12th

1. *Sex, (state whether male or female)* feamale
2. *Race or Color, (if not of the white race)* Carlard
3. *Date of Birth,* 12 of feb.
4. *Place of Birth, (Street and Number)* No 20 Stockenay
5. *Full Name of Mother,* anie Boon
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Chester down Mse.
8. *Full Name of Father,* Willum Boon
9. *Father's Occupation,* Water
10. *Father's Birthplace,* Chester down Mse

Name of Medical Attendant, or other Person who makes this Return. Mist. Carline ad

Address, No 26 Vincen aly and son

Remarks, None

, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH

84950

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First.

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Feby. 12, 1886
4. *Place of Birth, (Street and Number)* Maternité, 161 W. Lanbord St.
5. *Full Name of Mother,* Christie Dale
6. *Mother's Maiden Name,* Do
7. *Mother's Birthplace,* W. Va.
8. *Full Name of Father,* —
9. *Father's Occupation,* —
10. *Father's Birthplace,* —

Name of Medical Attendant, or other Person who makes this Return. William S. Gardner M.D.

Address, Maternité

Remarks,

HEALTH DEPARTMENT
MAR 5 1886
BALTIMORE

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

& Co., City Printers and Stationers.

RETURN OF A BIRTH 8[illegible]951

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, ~~2d, 3d, &c.~~) First

1. *Sex, (state whether male or female)* Male

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* Feb 13th 86

4. *Place of Birth, (Street and Number)* No 15 West [illegible]

5. *Full Name of Mother,* Margaret Jane Doonan

6. *Mother's Maiden Name,* Margaret J. Burns

7. *Mother's Birthplace,* Baltimore

8. *Full Name of Father,* Thomas Doonan

9. *Father's Occupation,* Laborer

10. *Father's Birthplace,* Ireland

Name of Medical Attendant, or other Person who makes this Return. J. E. Wells M.D.

Address, 46 E Preston St City

Remarks,

HEALTH DEPARTMENT
FEB 18 1886
BALTIMORE MD

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

Co. City Printers and Stationers.

RETURN OF A BIRTH 84952

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, FEB 1[illegible] 1886 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 13 Day of Feb. 1886
4. *Place of Birth, (Street and Number)* No. 223 Battery Av
5. *Full Name of Mother,* Cila Mannion
6. *Mother's Maiden Name,* Cila Gold
7. *Mother's Birthplace,* Washington
8. *Full Name of Father,* John J. Mannion
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Chicago

Name of Medical Attendant, or other Person who makes this Return. Sabina Grishaber

Address, No. 128 West St

Remarks,

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH

849 5/3

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT, FEB 13 1886 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) ~~7~~ 8

1. *[illegible], (state whether male or female)* female
2. *Race or Color, (if not of the white race)* Color
3. *Date of Birth,* 13
4. *Place of Birth, (Street and Number)* Beel Court, no. 2
5. *Full Name of Mother,* Luby Johnson
6. *Mother's Maiden Name,* Luby Snell
7. *Mother's Birthplace,* Baltimore Co
8. *Full Name of Father,* John Gallon
9. *Father's Occupation,* Work in lumber
10. *Father's Birthplace,* Richmond Va

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks, H H Smith 100 Mulberry St

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RETURN OF A BIRTH

84954

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 145 Harford Ave 13 of February
4. *Place of Birth, (Street and Number)* 145 Harford Ave
5. *Full Name of Mother,* Irene Selby
6. *Mother's Maiden Name,* Irene O'Watts
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Lawrence Selby
9. *Father's Occupation,* Engineer on B. C. & R. R.
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs Christina Sauer

Address, 173 Harford Ave

Remarks, 1886

HEALTH DEPARTMENT FEB 25 1886 BALTIMORE, MD.

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

8 4955

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (~~state whether 1st, 2d, 3d, &c.~~) 1st "

1. Sex, (~~state whether~~ male ~~or female~~)

2. Race or Color, (~~if not of the~~ white race)

3. Date of Birth, Feby 13th 86.

4. Place of Birth, (Street and Number) 313 N Carey St.

5. Full Name of Mother, Ella W. Williman,

6. Mother's Maiden Name, Ella M. Carsnell.

7. Mother's Birthplace, Wilmington, Del.

8. Full Name of Father, Thomas Williman,

9. Father's Occupation, Salesman.

10. Father's Birthplace, Balto Co Md "

Name of Medical Attendant, or other Person who makes this Return. John L. Kroger M.D.

Address, 273 Lexington St.

Remarks,

HEALTH DEPARTMENT
FEB 16 1886
BALTIMORE, MD.

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH

84956

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT FEB 21 1886 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Feby 13th 1886
4. *Place of Birth, (Street and Number)* 781 W Baltimore St
5. *Full Name of Mother,* Bertha A Morris
6. *Mother's Maiden Name,* " " Mitchell
7. *Mother's Birthplace,* Baltimore Washington Co
8. *Full Name of Father,* Walter Morris
9. *Father's Occupation,* Planning Mill
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return Theodore Cooke M.D.C.

Address, 46 Hanover St

Remarks,

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH. 84957

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* 13th of February
4. *Place of Birth, (Street and Number)* 125 Scott Street. 1886.
5. *Full Name of Mother,* Anna M. Manns
6. *Mother's Maiden Name,* Hamm
7. *Mother's Birthplace,* Port Deposite
8. *Full Name of Father,* Wm J Manns
9. *Father's Occupation,* Plumber
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs Seeback

Address, No 439 W. Pratt Street.

Remarks,

HEALTH DEPARTMENT, MAR 2 1886 BALTIMORE, MD.

be in attendance upon the Mother, immediately thereafter it shall become the duty of the person or persons in such case, to report his birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

...phy & Co., City Printers and Stationers.

RETURN OF A BIRTH

84958

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH ... MAR 2 1886 BALTIMORE, MD.

No. of Child of Mother, (state whether ~~1st~~, ~~2d~~, 3d, &c.)

1. *Sex, (state whether male or ~~female~~)*
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 13 February 1886.
4. *Place of Birth, (Street and Number)* No 718 Hanover Street
5. *Full Name of Mother,* Margarehta Hauck
6. *Mother's Maiden Name,* Sleeweiss
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Johan Hauck
9. *Father's Occupation,* Glass Haus Fire Mann
10. *Father's Birthplace,* Germany.

Name of Medical Attendant, or other Person who makes this Return. Jells Munch

Address, 1 Leadenhall St.

Remarks,

be in attendance upon the mother, immediately thereafter it shall [illegible] the period above required, and any such person report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH

8x959

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
MAR 2 1886
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Feb 13th 1886
4. Place of Birth, (Street and Number) 130 Henriette St
5. Full Name of Mother, Minnie Froehlich
6. Mother's Maiden Name, Minnie Pfesterer
7. Mother's Birthplace, St Koenigreich Wiedemberg Germany
8. Full Name of Father, Christoph Froehlich
9. Father's Occupation, Taylor
10. Father's Birthplace, Warhlen Chrise Altsfeld Germany

Name of Medical Attendant, or other Person who makes this Return. M Munch

Address, 1 Leadenhall St

Remarks,

be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons [illegible] report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

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8 x 960

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th.

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, February 13th 1886
4. Place of Birth, (Street and Number) No 247 W Eden St.
5. Full Name of Mother, Mary Burgeding.
6. Mother's Maiden Name, Mary Kalvalage
7. Mother's Birthplace, Balto
8. Full Name of Father, Frank. Burgeding.
9. Father's Occupation, Iron molder
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. M. A Butt.

Address, 185 S.E. cor Central av. & Monument St.

Remarks, All Well

R B

HEALTH DEPARTMENT FEB 27 1886

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH

84961

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, FEB 26 1886 BALTIMORE MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* white race
3. *Date of Birth,* February the 13th
4. *Place of Birth, (Street and Number)* Baltimore Hanover Ward
5. *Full Name of Mother,* isabell ray
6. *Mother's Maiden Name,* Sheckels
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* John ray
9. *Father's Occupation,* labour
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Elizabeth Hathorn

Address, Light St No. 532

Remarks,

[illegible] report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH

84962

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourteenth

1. *Sex, (state whether male or female)* Male

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* February 13th 1886

4. *Place of Birth, (Street and Number)* Boston St. extended

5. *Full Name of Mother,* Mrs Adelaide McDaniel

6. *Mother's Maiden Name,* Adelaide Henderson

7. *Mother's Birthplace,* Somerset Co. Md.

8. *Full Name of Father,* John McDaniel

9. *Father's Occupation,* Laborer

10. *Father's Birthplace,* Somerset Co. Md.

Name of Medical Attendant, or other Person who makes this Return. Mrs R. A. Garrett

Address, No. 35 Hooke St.

Remarks,

HEALTH DEPARTMENT FEB 23 1886 BALTIMORE, MD.

be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

y & Co., City Printers and Stationers.

RETURN OF A BIRTH.

8L963

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
MAR 9 1886
BALTIMORE, MD.

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Fifth (5th)
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	February 13th 1886
4. Place of Birth (Street and Number)	114 E. Fayette St
5. Full Name of Mother	Mary Tydings
6. Mother's Maiden Name	Hannan
7. Mother's Birthplace	Baltimore MD
8. Full Name of Father	Charles Tydings
9. Father's Occupation	Painter
10. Father's Birthplace	Baltimore MD
Name of Medical Attendant, or other Person who makes this Return.	Whitfield Winsey M.D.
Address	116 E. Fayette Street
Remarks	

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
FEB 23 1886
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th.

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) white

3. Date of Birth, Feb. 13, 1886

4. Place of Birth, (Street and Number) 66 Rowe St.

5. Full Name of Mother, Catherine Winslow

6. Mother's Maiden Name, Catherine Phelps

7. Mother's Birthplace, Baltimore

8. Full Name of Father, John Winslow

9. Father's Occupation, Oyster measurer

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Mary S. Swayne

Address, 59 Luzerne St.

Remarks,

should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars, each offence, to be recovered as other fines and penalties are recoverable.

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RETURN OF A BIRTH

84965

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, MAR 4 1886 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11th

1. Sex, (state whether male or female) White Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, February 13th 1886
4. Place of Birth, (Street and Number) 20 Grenby St.
5. Full Name of Mother, Bluma Shapiro
6. Mother's Maiden Name, " Janashek
7. Mother's Birthplace, Russia
8. Full Name of Father, Henry Shapiro
9. Father's Occupation, Shoe Macker
10. Father's Birthplace, Russia

Name of Medical Attendant, or other Person who makes this Return. E Scherman

Address, Albemarle st N 26

Remarks,

be in attendance upon the mother, immediately thereafter [illegible] within the period above required, and any such person report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (16) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH

84966

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, FEB 23 1886 BALTIMORE, MD. 13

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Fifth
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	February 13th 1886
4. *Place of Birth, (Street and Number)*	19 Cannon St.
5. *Full Name of Mother,*	Catharine Feitler
6. *Mother's Maiden Name.*	Catharine Batch
7. *Mother's Birthplace,*	Baltimore City
8. *Full Name of Father,*	George Feitler
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other Person who makes this Return.	Mrs R. H. [illegible]
Address,	No 66 Burke St.
Remarks,	

be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH

84967

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT FEB 16 1886 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1 Child.
1. Sex, (state whether male or female)	Male.
2. Race or Color, (if not of the white race)	
3. Date of Birth,	Feb. 14 1886
4. Place of Birth, (Street and Number)	354 Hanover st.
5. Full Name of Mother,	Anna Murrie.
6. Mother's Maiden Name,	Cockle.
7. Mother's Birthplace,	America.
8. Full Name of Father,	William Murrie
9. Father's Occupation,	Clerk.
10. Father's Birthplace,	America.
Name of Medical Attendant, or other Person who makes this Return.	J. Lohwasser. Midwife
Address,	330 Hanover st
Remarks,	

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH

84968

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (~~state whether~~ male ~~or female~~)
2. Race or Color, (~~if not of~~ the white race)
3. Date of Birth, 2.14.86
4. Place of Birth, (Street and Number) 304 McHenry St
5. Full Name of Mother, Sarah E. Fairbank
6. Mother's Maiden Name, Crane
7. Mother's Birthplace, Richmond Va.
8. Full Name of Father, Frank H. Fairbank
9. Father's Occupation, Salesman
10. Father's Birthplace, Balto. Md

Name of Medical Attendant, or other Person who makes this Return Lewis M. Eastman

Address, 349 Lexington

Remarks, Natural

HEALTH DEPARTMENT FEB 19 1886 BALTIMORE MD

birth of any child shall occur without the attendance of a person, or a person should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

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RETURN OF A BIRTH 8x969

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* Feby 14 / 86

4. *Place of Birth, (Street and Number)* 160 S. Washington St

5. *Full Name of Mother,* Martha Keilley

6. *Mother's Maiden Name,* Martha Crawford

7. *Mother's Birthplace,* Virginia

8. *Full Name of Father,* Thos. Keilley

9. *Father's Occupation,* Laborer

10. *Father's Birthplace,* Ireland

Name of Medical Attendant, or other Person who makes this Return. R. W. Mansfield M. D

Address, 50 So Broadway

Remarks,

HEALTH DEPARTMENT, FEB 13 1886 BALTIMORE, MD.

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RETURN OF A BIRTH 84970

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 14 of February 1886
4. *Place of Birth, (Street and Number)* 5 Moeldery
5. *Full Name of Mother,* Feni Levin
6. *Mother's Maiden Name,* Feni Blak
7. *Mother's Birthplace,* Russia Polen
8. *Full Name of Father,* L Levin
9. *Father's Occupation,* ~~Russia Polen~~ Labor
10. *Father's Birthplace,* Russia Polen

Name of Medical Attendant, or other Person who makes this Return. Mrs Christina Sauer

Address, 1731 Harford Ave

Remarks, 1886.

HEALTH DEPARTMENT, FEB 15 1886 BALTIMORE, MD.

[illegible] be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

[illegible] & Co., City Printers and Stationers

RETURN OF A BIRTH 84971

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Jesse George Egbert

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	14 Feb 1886
4. Place of Birth, (Street and Number)	2421 N Caroline st
5. Full Name of Mother,	Mary Egbert
6. Mother's Maiden Name,	M. Daniels
7. Mother's Birthplace,	Pennsylvania
8. Full Name of Father,	Henry Egbert
9. Father's Occupation,	Farmer
10. Father's Birthplace,	Hanover (Holland) Germany
Name of Medical Attendant, or other Person who makes this Return.	Mrs Julia Gronny
Address,	466 N Bay st
Remarks,	

HEALTH DEPARTMENT
FEB 17 1886
BALTIMORE, MD.

birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH 84972

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Feb. 14th 1886
4. *Place of Birth, (Street and Number)*	157 Asquith St
5. *Full Name of Mother,*	Mary C Maier
6. *Mother's Maiden Name,*	" " Hay
7. *Mother's Birthplace,*	Balto
8. *Full Name of Father,*	L Daniel Maier
9. *Father's Occupation,*	Clerk
10. *Father's Birthplace,*	Balto
Name of Medical Attendant, or other Person who makes this Return.	Mrs Julia Green
Address,	466 N Gay St
Remarks,	

HEALTH DEPARTMENT
FEB 17 1886
BALTIMORE, MD.

phy & Co., City Printers and Stationers.

RETURN OF A BIRTH 84973

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

GIVEN NAME ADDED 7-9-52

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

Sex, (~~state whether male or~~ female) Sarah Valentine Sutherland

2. Race or Color, (~~if not~~ of the white race)

3. Date of Birth, 2.14.86.

4. Place of Birth, (Street and Number) 206 E. Monument St.

5. Full Name of Mother, Catherine Sutherland

6. Mother's Maiden Name, Brocat.

7. Mother's Birthplace, Baltimore, Md.

8. Full Name of Father, D. Cameron Sutherland

9. Father's Occupation, Dentist -

Father's Birthplace, Richmond Va.

Name of Medical Attendant, or other Person who makes this Return Reed W. Eastman

Address, 349 Lexington -

Remarks, Natural -

HEALTH DEPARTMENT FEB 19 1886 BALTIMORE MD.

any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

PRINTERS AND STATIONERS.

NOTICE

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RETURN OF A BIRTH 84974

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* Feb 14th 1896

4. *Place of Birth, (Street and Number)* No 544 Hanover

5. *Full Name of Mother,* Annie Watts

6. *Mother's Maiden Name,* Annie Glasby

7. *Mother's Birthplace,* Martins burg Va

8. *Full Name of Father,* George Watts

9. *Father's Occupation,* Engineerman B&O

10. *Father's Birthplace,* Fredrick city md

Name of Medical Attendant, or other Person who makes this Return. E. Hinton

Address, No 628 N Charles St

Remarks,

HEALTH DEPART
FEB
BALTIMORE MD

be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH.

54975

HEALTH DEPARTMENT
FEB 22 1886
BALTIMORE MD

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Fifth

1. *Sex (~~state whether Male or~~ Female)*
2. *Race or Color (~~if not~~ of the white race)*
3. *Date of Birth* Feb 14th 1886
4. *Place of Birth (Street and Number)* 34 Mosher St
5. *Full Name of Mother* Sarah Meyer Wolf
6. *Mother's Maiden Name* George
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Marcus W Wolf
9. *Father's Occupation* Merchant
10. *Father's Birthplace* Balt

Name of Medical Attendant, or other Person who makes this Return. Elias C. Price M.D.

Address 262 Madison Ave

Remarks

of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

84976

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, FEB 21 1886 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Feby 14th 1886
4. Place of Birth, (Street and Number) Randall & Patapsco St
5. Full Name of Mother, Louisa Stritter
6. Mother's Maiden Name, " Burke
7. Mother's Birthplace, Germany
8. Full Name of Father, Wm Stritter
9. Father's Occupation, Grocery man
10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return. Theodore Cook M.D.

Address, 146 Hanover St

Remarks,

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH. 84977

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2 Child.

1. *Sex, (state whether male or female)* Female.
2. *Race or Color, (if not of the white race)*
3. *Date of Birth* February 14th 1886
4. *Place of Birth, (Street and Number)* No 962 W. Pratt St.
5. *Full Name of Mother,* Anna C. Graham.
6. *Mother's Maiden Name,* " " " Ackivington
7. *Mother's Birthplace,* Baltimore.
8. *Full Name of Father,* John Graham.
9. *Father's Occupation,* Blacksmith.
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Manie Lindner

Address, No 45 S. Monroe St

Remarks,

HEALTH DEPARTMENT, MAR 3 1886 BALTIMORE, MD.

Report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

...y & Co., City Printers and Stationers.

RETURN OF A BIRTH 84978

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
MAR 1936
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) .....

1. Sex, (state whether male or ~~female~~) .....
2. Race or ~~Color~~, (if not of the white race) .....
3. Date of Birth, 14th feburary
4. Place of Birth, (Street and Number) 33 paultney 3
5. Full Name of Mother, Annie Aymold
6. Mother's Maiden Name, Annie Reiche
7. Mother's Birthplace, germany
8. Full Name of Father, Henry Aymold
9. Father's Occupation, miller
10. Father's Birthplace, baltimoe

Name of Medical Attendant, or other Person who makes this Return. M Munch

Address, 1 Leadenhall St

Remarks, ...

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH 84999

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Certificate corrected 1-23-51

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd Bertha Deise

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Feb. 14th 1886

4. Place of Birth, (Street and Number) 10 N. N. Wolf St.

5. Full Name of Mother, Elizabeth Anne ~~Lizzie~~ Deise

6. Mother's Maiden Name, Elizabeth Anne ~~Lizzie Bolling~~ Reding

7. Mother's Birthplace, Balto.

8. Full Name of Father, Louis F. ~~Louis~~ Deise, Sr.

9. Father's Occupation, Tailor

10. Father's Birthplace, Balto

Name of Medical Attendant, or other Person who makes this Return. H. J. Dutt

Address, No 185 S.E. cor Centre av. & Monument St.

Remarks, all Well K.B.

HEALTH DEPARTMENT FEB 27 1886 BALTIMORE, MD.

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH 84980

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, FEB 26 1880 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* white race
3. *Date of Birth,* february the 14th
4. *Place of Birth, (Street and Number)* Baltimore Charles St No 419
5. *Full Name of Mother,* Mary C rollins
6. *Mother's Maiden Name,* Krebs
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* john rollins
9. *Father's Occupation,* painter
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Elisabeth Slathorn

Address, light st No 530

Remarks,

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH

84981

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
FEB 23 1886

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) white

3. Date of Birth, Feb. 14 1886

4. Place of Birth, (Street and Number) Vine st 145

5. Full Name of Mother, Regina Kuhl

6. Mother's Maiden Name, " Gerb

7. Mother's Birthplace, Gelnhausen Hessen

8. Full Name of Father, August Kuhl

9. Father's Occupation, Tobacconist

10. Father's Birthplace, Biedenkopf Hessen

Name of Medical Attendant, or other Person who makes this Return. Mrs. Hunter

Address, 21 N Payne st

Remarks,

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

10 City Printers and Stationers

RETURN OF A BIRTH

84982

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, MAR 11 1886 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	February 14, 1886
4. *Place of Birth, (Street and Number)*	98 N Mount St.
5. *Full Name of Mother,*	Sallie L B Stewart.
6. *Mother's Maiden Name,*	Sallie L B Trueper.
7. *Mother's Birthplace,*	Balto City.
8. *Full Name of Father,*	Nathaniel B Stewart.
9. *Father's Occupation,*	Salesman.
10. *Father's Birthplace,*	Balto City.
Name of Medical Attendant, or other Person who makes this Return	John D Pennington Md.
Address,	134 N Carrollton Av
Remarks,	

...ity of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

...PRINTERS AND STATIONERS.

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RETURN OF A BIRTH 8983

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, APR 7 1886 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, April 1st 86

4. Place of Birth, (Street and Number) Cor Lombard & Eutaw sts

5. Full Name of Mother, Amelia A Scott

6. Mother's Maiden Name, Kapsa

7. Mother's Birthplace, Hungaria

8. Full Name of Father, Chas A Scott

9. Father's Occupation, Musician

10. Father's Birthplace, Ger

Name of Medical Attendant, or other Person who makes this Return. Jno D Blake

Address,

Remarks,

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

Co., City Printers and Stationers.

CERTIFICATE CORRECTED 8-25-54

RETURN OF A BIRTH.

84984

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) George Bromwell Gemhardt 2

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth 1886 - Feb. 14
4. Place of Birth, (Street and Number) 13 Point Lane
5. Full Name of Mother, Myra Mar Gemhardt ~~Gemhardt~~
6. Mother's Maiden Name, Myra Bromwell ~~Brehan~~
7. Mother's Birthplace, Balto
8. Full Name of Father, Christian ~~Christopher Gemhardt~~
9. Father's Occupation, Laborer
10. Father's Birthplace, Balto
11. Name of Medical Attendant, or other Person who makes this Return. Josephine Conrad
12. Address, 20 Barnes St
13. Remarks,

HEALTH DEPARTMENT, APR 7 1886 BALTIMORE, MD.

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

y & Co., City Printers and Stationers.

RETURN OF A BIRTH 8985

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
MAR 5 1886
BALTIMORE MD

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	~~2nd~~ 3rd
Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	Sunday Feb. 14th 86
4. Place of Birth, (Street and Number)	2 E Chase St (near Wilcox Av)
5. Full Name of Mother,	Lizzie Debring
6. Mother's Maiden Name,	Lizzie Thalheimer
7. Mother's Birthplace,	Balt. Md
8. Full Name of Father,	L. Alphonsus Debring
9. Father's Occupation,	Employee Balt. Potomac R.R
Father's Birthplace,	Baltimore Md
Name of Medical Attendant, or other Person who makes this Return,	Wilmer Brinton M.D.
Address,	Chase St & Forrest Place
Remarks,	

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH

8x986

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Feb 15 1886
4. Place of Birth, (Street and Number) No 188 Fort Ave
5. Full Name of Mother, Mary A Aso
6. Mother's Maiden Name, Mary A Rosenbeck
7. Mother's Birthplace, Baltimore city md
8. Full Name of Father, Lewis E Aso
9. Father's Occupation, Store keeper
10. Father's Birthplace, Baltimore city md

Name of Medical Attendant, or other Person who makes this Return. E. Hinton

Address, No 688 S Charles St

Remarks,

HEALTH DEPARTMENT FEB 13 1886 BALTIMORE, MD

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

A Co., City Printers and Stationers

GIVEN NAME ADDED 4-6-57

RETURN OF A BIRTH

84987

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY. Harry Newman

HEALTH DEPARTMENT FEB 15 1886 BALTIMORE, MD

No. Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Feb 15th 1886
4. Place of Birth, (Street and Number) 36 Edmondson Ave
5. Full Name of Mother, Annie Isabell Armacost
6. Mother's Maiden Name, Annie Isabell Newman
7. Mother's Birthplace, Talbot Co Md
8. Full Name of Father, Ellsworth Armacost
9. Father's Occupation, Clerk
10. Father's Birthplace, Carroll Co Md

Name of Medical Attendant, or other Person who makes this Return J. C. Hammer

Address, 87 N Paca St

Remarks,

Y & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH, 84988

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
FEB 17 1886
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th.
1. *Sex (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth*	Feb. 15th. 1886.
4. *Place of Birth, (Street and Number)*	769 Saratoga St.
5. *Full Name of Mother*	Anna Batelar
6. *Mother's Maiden Name*	Street
7. *Mother's Birthplace*	Baltimore, Md
8. *Full Name of Father*	A. Eugene Batelar
9. *Father's Occupation*	Clerk
10. *Father's Birthplace*	Baltimore Md.
Name of Medical Attendant, or other Person who makes this Return.	H. R. Fletterhoff M.D.
Address	227 Madison Av.
Remarks	

RETURN OF A BIRTH 84989

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. [redacted] Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Feb. 15: 1886.

4. Place of Birth, (Street and Number) 80 Durst Alley.

5. Full Name of Mother, Mary Bachlein

6. Mother's Maiden Name, Seward.

7. Mother's Birthplace, Baltimore

8. Full Name of Father, John Bachlein

9. Father's Occupation, Cap Maker

10. [redacted]ther's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Mrs. Scarbrough

Address, 220 Montgomery St.

Remarks,

HEALTH DEPARTMENT FEB 17 BALTIMORE MD

...NTERS AND STATIONERS

RETURN OF A BIRTH, 8 1991

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
FEB 17 1886
BALTIMORE MD

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. *Sex (state whether male or female)* female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth* Feb. 15/86
4. *Place of Birth, (Street and Number)* 133 N. Fremont St.
5. *Full Name of Mother* Maria Sichting
6. *Mother's Maiden Name* Müller
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Wm. Sichting
9. *Father's Occupation* Box maker
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. H. R. Fetterhoff M.D.

Address 227 Madison Ave

Remarks

RETURN OF A BIRTH 84991

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

HEALTH DEPARTMENT
FEB 19 1886
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, Feb 15
4. Place of Birth, (Street and Number) No. 9 Cross Street
5. Full Name of Mother, Harriet Slater
6. Mother's Maiden Name, Harriet —
7. Mother's Birthplace, Hartford County
8. Full Name of Father, Jacob Slater
9. Father's Occupation, waiter Hotel
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. Angiline Wilson

Address, 3/4 South Howard St

Remarks, Baltimore

& Co., City Printers and Stationers.

RETURN OF A BIRTH 84992

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 dt

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) colored

3. Date of Birth, Feb 15

4. Place of Birth, (Street and Number) Stockholm Street No 14

5. Full Name of Mother, Emily Bird

6. Mother's Maiden Name, Emily Bird

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Wm Bird

9. Father's Occupation, Laborer

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. Augustus Wilson

Address, 314 N Howard Street

Remarks,

HEALTH DEPARTMENT FEB 19 1886 BALTIMORE

& Co., City Printers and Stationers.

RETURN OF A BIRTH 8993

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Feb. 15th 1886

4. Place of Birth, (Street and Number) 22 Calverton Road

5. Full Name of Mother, Ella M. Ashby

6. Mother's Maiden Name, Ella M Newton

7. Mother's Birthplace, Carroll Co. Md

8. Full Name of Father, John E. Ashby

9. Father's Occupation, Machinist

10. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other Person who makes this Return Emanuel Taylor Morris M.D.

Address, 93 Carlton Ave

Remarks.

HEALTH DEPARTMENT FEB 20 1886 BALTIMORE MD

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RETURN OF A BIRTH

84994

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, FEB 19 1886 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 15th February
4. Place of Birth, (Street and Number) 236 Conway
5. Full Name of Mother, Alice S Lepson
6. Mother's Maiden Name, Alice S McNarby
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, George W. Lepson
9. Father's Occupation, Machenead
10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other Person who makes this Return. A Slifer

Address, 24 Columbia Ave

Remarks,

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

Co., City Printers and Stationers.

RETURN OF A BIRTH 84995

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
FEB 21 1886
BALTIMORE MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 15 of Feb. 652
4. *Place of Birth, (Street and Number)* 52 Guy St.
5. *Full Name of Mother,* Louise Kapp
6. *Mother's Maiden Name,* "
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* George Kapp
9. *Father's Occupation,* Brewer
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return. Jno Watters

Address, 135 N. Caroline St

Remarks,

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

& Co., City Printers and Stationers.

RETURN OF A BIRTH

8996

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Feby 15th 1886
4. *Place of Birth, (Street and Number)* Jefferson Place
5. *Full Name of Mother,* Emily B Heimes
6. *Mother's Maiden Name,* " " Bayles
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Thos B Heimes
9. *Father's Occupation,* Stenographer
10. *Father's Birthplace,* Penna

Name of Medical Attendant, or other Person who makes this Return. Theodore Cooke M.D.

Address, 146 Hanover St. p. L.B.

Remarks,

HEALTH DEPARTMENT FEB 21 1886

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

Co., City Printers and Stationers.

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RETURN OF A BIRTH, 8499

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
FEB 20 1900
BALTIMORE MD

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* February 1st 1900
4. *Place of Birth, (Street and Number)* 26 Selma Place
5. *Full Name of Mother* Annie M Sellers
6. *Mother's Maiden Name* Sachs
7. *Mother's Birthplace* Penna
8. *Full Name of Father* Addison M Sellers
9. *Father's Occupation* Teacher
10. *Father's Birthplace* Penna

Name of Medical Attendant, or other Person who makes this Return. John Neff

Address 706 N Caroline Ave

Remarks

RETURN OF A BIRTH. 84998

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, MAR 2 1886 BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) first child

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth 15th Feb. 1886.
4. Place of Birth, (Street and Number) 86 Johnson st
5. Full Name of Mother, Mr Bertha Petters.
6. Mother's Maiden Name, " Martens
7. Mother's Birthplace, Bremmen Germany.
8. Full Name of Father, Charlie Peters.
9. Father's Occupation, Carpenter.
10. Father's Birthplace, Arfeld Germany.

Name of Medical Attendant, or other Person who makes this Return. Mrs C. Seebach.

Address, No 439 W. Pratt street.

Remarks,

Report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

...hy & Co., City Printers and Stationers.

RETURN OF A BIRTH. 8x999

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Fourth

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth February 15 86

4. Place of Birth, (Street and Number) 480 E Chase St

5. Full Name of Mother, Kate E Foose

6. Mother's Maiden Name, King

7. Mother's Birthplace, Baltimore Md

8. Full Name of Father, Louis E Foose

9. Father's Occupation, Bricklayer

10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other Person who makes this Return. Mary A Mullen

Address, 286 McDonough St

Remarks,

HEALTH DEPARTMENT MAR 2 1886 BALTIMORE MD

Report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

y & Co., City Printers and Stationers.

RETURN OF A BIRTH. 85000

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Second

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* McElderry St
3. *Date of Birth* February 15th 1886
4. *Place of Birth, (Street and Number)*
5. *Full Name of Mother,* Catharine C. Cheilow
6. *Mother's Maiden Name,* Zulouff
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Geo. H Cheilow
9. *Father's Occupation,* Harnessmaker
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other Person who makes this Return. Mary A Allwell

Address, 286 McDonogh St

Remarks,

HEALTH DEPARTMENT MAR 2 1886 BALTIMORE

report as birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

...y & Co., City Printers and Stationers.

RETURN OF A BIRTH

85001

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 15th February 1886
4. Place of Birth, (Street and Number) No 272 S. Paca St.
5. Full Name of Mother, Emma Adelaide Grimm
6. Mother's Maiden Name, " " Markert
7. Mother's Birthplace, Baltimore
8. Full Name of Father, George Grimm
9. Father's Occupation, Cake Baker
10. Father's Birthplace, New York City

Name of Medical Attendant, or other Person who makes this Return. Ms Munch

Address, 1 Seadenhall St.

Remarks,

HEALTH DEPARTMENT MAR 2 1886 BALTIMORE, MD.

report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH

85002

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 der Child

1. Sex, (state whether male ~~or female~~)
2. Race or Color, (if not of the white race) White
3. Date of Birth, February the 15, 1886.
4. Place of Birth, (Street and Number) N. Dallas St. Nr 213
5. Full Name of Mother. Anna B. Schreiber
6. Mother's Maiden Name, Anna B. Beck.
7. Mother's Birthplace, Ferringen Kr. Würtemberg. Germany
8. Full Name of Father, Friedrich Schreiber
9. Father's Occupation, Harnessmaker
10. Father's Birthplace, Helsungen, Kr. Preussen. Germany

Name of Medical Attendant, or other Person who makes this return. Mary E. Müller

Address, N. Dallas St. Nr 26

Remarks,

HEALTH DEPARTMENT
FEB 23 1886
BALTIMORE MD.

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH

85.003

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth, 15 February

4. Place of Birth, (Street and Number) 1 Orleans

5. Full Name of Mother, Bertha Meres

6. Mother's Maiden Name, Roseres

7. Mother's Birthplace, Europe

8. Full Name of Father, William Meres

9. Father's Occupation, Machinist

10. Father's Birthplace, Europe

Name of Medical Attendant, or other Person who makes this Return. Sarah Casper

Address, 92. E. Lombard street

Remarks,

HEALTH DEPARTMENT
FEB 23 1886
BALTIMORE MD

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

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NOTICE

The succeeding document was received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

RETURN OF A BIRTH 85014

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
FEB 23 1886
BALTIMORE MD

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) One

Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, 15. of. February 1886

4. Place of Birth, (Street and Number) 208. Bruce St

5. Full Name of Mother, Kathern. Miller

6. Mother's Maiden Name, Kathern Kreagenhof Co-

7. Mother's Birthplace, Baltimore City

8. Full Name of Father, John F. Miller

9. Father's Occupation, Stor. Keeper

10. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other Person who makes this Return. Susan Hunter

Address, 21 N Pappleton St

Remarks,

for each offense to be recovered as other fines and forfeitures are recoverable.

City Printers and Stationers

RETURN OF A BIRTH

8505

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
MAR 5 1886
BALTIMORE MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2ond
Sex, (state whether male or female)	~~Boy~~ Female
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	Monday Feb 15th 86.
4. Place of Birth, (Street and Number)	13 Greenmount Ave
5. Full Name of Mother,	George Graham Leole
6. Mother's Maiden Name, (Emma L. Bly)	George Graham
7. Mother's Birthplace,	Balt. Md
8. Full Name of Father,	William Leole
9. Father's Occupation,	Engineer
Father's Birthplace,	Virginia
Name of Medical Attendant, or other Person who makes this Return.	Wilmer Brinton M.D
Address,	Chase St. & Forest Place
Remarks,	

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

6

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third child Jacob.

1. Sex, (state whether male or female) Boy

2. Race or Color, (if not of the white race) White

3. Date of Birth, February 15th 1886

4. Place of Birth, (Street and Number) 8½ Lombard st.

5. Full Name of Mother, Rose Kohn

6. Mother's Maiden Name, Rose Spisman

7. Mother's Birthplace, Russia

8. Full Name of Father, Max Kohn

9. Father's Occupation, Peddler

10. Father's Birthplace, Russia

Name of Medical Attendant, or other Person who makes this Return. E Scherman

Address, Albemarle st & 26

Remarks,

HEALTH DEPARTMENT, MAR 4 1886 BALTIMORE, MD.

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH, 85117

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
MAR 9 1886
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Third
1. *Sex (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth*	February 15/86.
4. *Place of Birth, (Street and Number)*	No 321 W. Fairbald St
5. *Full Name of Mother*	Louise Lissaeur Wiener
6. *Mother's Maiden Name*	
7. *Mother's Birthplace*	Baltimore Md.
8. *Full Name of Father*	Morris Lissaeur
9. *Father's Occupation*	Merchant
10. *Father's Birthplace*	Germany
Name of Medical Attendant, or other Person who makes this Return.	Louis W. Knight M.D.
Address	112 N Greene St
Remarks	

RETURN OF A BIRTH 85118

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	Feb 15th 86.
4. Place of Birth, (Street and Number)	# 14 President st
5. Full Name of Mother,	Christiane Leithauser
6. Mother's Maiden Name,	" Haas
7. Mother's Birthplace,	Germany
8. Full Name of Father,	Adam Leithauser
9. Father's Occupation,	Blacksmith
Father's Birthplace,	Germany
Name of Medical Attendant, or other Person who makes this Return.	R. L. Buddenbohn M.D.
Address,	166 S. Bond st.
Remarks,	

HEALTH DEPARTMENT, MAR 20 1886, BALTIMORE, MD.

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH 1509

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	11
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	February 26 1886
4. *Place of Birth, (Street and Number)*	32 Thames St.
5. *Full Name of Mother,*	Kate Gottschalk
6. *Mother's Maiden Name,*	Kriegelstein
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	Xaver Gottschalk
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other Person who makes this Return.	Mrs. Louise Kraft
Address,	142 S. Washington St.
Remarks,	

HEALTH DEPARTMENT MAR 11 1886 BALTIMORE, MD.

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH. 85010

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth Feb 15
4. Place of Birth, (Street and Number) 15 Point Lane
5. Full Name of Mother, Mary Weykel
6. Mother's Maiden Name, " " Peyrie
7. Mother's Birthplace, Germany
8. Full Name of Father, Mathias Weykel
9. Father's Occupation, Blacksmith
10. Father's Birthplace, German

Name of Medical Attendant, or other Person who makes this Return. Josephine Conrad

Address, 20 Barnes St

Remarks,

HEALTH DEPARTMENT, APR 7 1886 BALTIMORE, MD.

Report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH

1501

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
MAR 8 1886
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* 15 January 1886
4. *Place of Birth, (Street and Number)* Castle St. No 9
5. *Full Name of Mother,* Anna C. Lowe
6. *Mother's Maiden Name,* Anna C. Cunningham
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* James Lowe
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

PRINTER & STATIONER, BALT.

RETURN OF A BIRTH

85012

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, FEB 6 1886 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Monday Feb. 1st. 86.

4. Place of Birth, (Street and Number) 105 1/2 Moor St.

5. Full Name of Mother, Emil[illegible] Doughety.

6. Mother's Maiden Name, Jennie King

7. Mother's Birthplace, Williamsport Md.

8. Full Name of Father, James Doughety.

9. Father's Occupation, Employee W. M. R. R. Co.

10. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other Person who makes this Return. Wilmer Brinton M.D.

Address, Chas St. & Forrest Place

Remarks,

or person who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

Co., City Printers and Stationers.

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RETURN OF A BIRTH

85013

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT, MAR 5 1886 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) one

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* Feb 15 1886
4. *Place of Birth, (Street and Number)* 228 West St
5. *Full Name of Mother,* Nora Bordley
6. *Mother's Maiden Name,* Louisa Dennis
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Nora Bordley
9. *Father's Occupation,* Oyster Sucker
10. *Father's Birthplace.* Kent Island

Name of Medical Attendant, or other Person who makes this Return ~~Mary Moore~~ Moore

Address, 50 Race St Caroline Moore

Remarks,

PRINTERS AND STATIONERS

RETURN OF A BIRTH 88114

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

HEALTH DEPARTMENT
FEB 20 1886
BALTIMORE, MD

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d.

1. *Sex, (state whether male or female)* Female.
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Feb 15 86
4. *Place of Birth, (Street and Number)* No. 386 Light St.
5. *Full Name of Mother,* Maggie Baum,
6. *Mother's Maiden Name,* Keller
7. *Mother's Birthplace,* Balto Md
8. *Full Name of Father,* Christian Baum
9. *Father's Occupation,* Butcher
10. *Father's Birthplace,* Balto Md.

Name of Medical Attendant, or other Person who makes this Return. Annie Gentz.

Address, 634 Light St.

Remarks,

& Co., City Printers and Stationers.

RETURN OF A BIRTH 85015

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
FEB 19 1886
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, 2/16/86

4. Place of Birth, (Street and Number) # 25 Lombard St

5. Full Name of Mother, Annie Wachmuth

6. Mother's Maiden Name, " Bell

7. Mother's Birthplace, Balto.

8. Full Name of Father, Charles Wachmuth

9. Father's Occupation, Tinner

10. Father's Birthplace, Baltimore.

Name of Medical Attendant, or other Person who makes this Return. Dr Julia Simon

Address, # 70 Granby St.

Remarks,

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH 85016

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
FEB 19 1886
BALTIMORE MD

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, 2/16/86

4. Place of Birth, (Street and Number) # 62 Register St.

5. Full Name of Mother, Mary Goos

6. Mother's Maiden Name, Frau

7. Mother's Birthplace, Balto.

8. Full Name of Father, Jno. Goos

9. Father's Occupation, Carpenter

10. Father's Birthplace, Balto.

Name of Medical Attendant, or other Person who makes this Return. Sophia Simon

Address, # 70 Granby St.

Remarks,

If persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH 85017

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
FEB 21 1886
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 16 of Feb
4. *Place of Birth, (Street and Number)* Boundary Avenue Belair Rd
5. *Full Name of Mother,* Emma Suter
6. *Mother's Maiden Name,* " Grindel
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* William Suter
9. *Father's Occupation,* Clerk
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return, Mary Walters

Address, 125 N. Eutaw St.

Remarks, Butte Mont.

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH.

85018

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
FEB 20 1898
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3d
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	Feby 16th 2.45 A.M.
4. Place of Birth (Street and Number)	71 Hollins St.
5. Full Name of Mother	Louisa L Taylor
6. Mother's Maiden Name	Tessier
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Eugene W. Taylor
9. Father's Occupation	Cannaker
10. Father's Birthplace	Prince Geo's Co Md
Name of Medical Attendant, or other Person who makes this Return.	H. H. Webner M.D.
Address	248 W. Lombard St.
Remarks	

of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH. 85019

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether ~~1st,~~ 2d, ~~3d,~~ &c.) 2

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race)
3. Date of Birth 16th Feb. 1886.
4. Place of Birth, (Street and Number) 123 South, Washington
5. Full Name of Mother, Maggie, Lendenberger,
6. Mother's Maiden Name, Maggie, Kunzelman,
7. Mother's Birthplace, Bayern
8. Full Name of Father, Martin, Lendenberger,
9. Father's Occupation, Shoe, Macker,
10. Father's Birthplace, Bayern

Name of Medical Attendant, or other Person who makes this Return. Mrs Johanna Raubach

Address, 14 South, Wolfe, St,

Remarks,

HEALTH DEPARTMENT, MAR 3 1886 BALTIMORE, MD.

urphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

85020

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Ninth
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	February 15th 1886
4. *Place of Birth, (Street and Number)*	41 Port Street
5. *Full Name of Mother,*	Mrs Mary Debelius
6. *Mother's Maiden Name,*	Mary Pierson
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Peter Debelius
9. *Father's Occupation,*	Cow-maker
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other Person who makes this Return.	Mrs R. L. Garrett
Address,	No 65 Burke
Remarks,	

HEALTH DEPARTMENT MAR 2 1886

repare its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

Co., City Printers and Stationers.

85021

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* February 16th 1886
4. *Place of Birth, (Street and Number)* 174 S Register St
5. *Full Name of Mother,* Catherine Wolferman
6. *Mother's Maiden Name,* " Huber
7. *Mother's Birthplace,* City
8. *Full Name of Father,* John Wolferman
9. *Father's Occupation,* Plumber
10. *Father's Birthplace,* City

Name of Medical Attendant, or other Person who makes this Return. Mrs Elizabeth Betz

Address, 120 Bank St

Remarks,

HEALTH DEPARTMENT MAR 1886 BALTIMORE, MD.

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

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85022

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Tuesday, February 16/86
4. Place of Birth, (Street and Number) No. 130 N. Fremont
5. Full Name of Mother, Gertrude M. Kaufmann
6. Mother's Maiden Name, Gertrude M. Muth.
7. Mother's Birthplace, Baltimore City
8. Full Name of Father, John B. Kaufmann
9. Father's Occupation, Merchant Tailor.
10. Father's Birthplace, Baltimore City.

Name of Medical Attendant, or other Person who makes this Return. Mrs Annie Lunnler

Address, 00 Raith Schroeder St.

Remarks,

HEALTH DEPARTMENT, FEB 27 1886 BALTIMORE, MD.

Report its birth to the Commissioner of Health, in the designed also within one period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH

85023

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8 to Child

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, 16 Feb 1886

4. Place of Birth, (Street and Number) Buse lane No 9

5. Full Name of Mother, Mary Himmel

6. Mother's Maiden Name, Mary Heines

7. Mother's Birthplace, Baltimore Md.

8. Full Name of Father, Mickel Himmel

9. Father's Occupation, Laiborer

10. Father's Birthplace, Baiern Germany

Name of Medical Attendant, or other Person who makes this Return. Bosick

Address, 155 Liberty Ave

Remarks,

HEALTH DEPARTMENT
MAR 15 1886
BALTIMORE MD.

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recoverd as other fines and forfeitures are recoverable.

Co., City Printers and Stationers.

85024

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, APR 7 1886 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, February 16th 1886
4. Place of Birth, (Street and Number) 199 Green Mount Ave
5. Full Name of Mother, Louisa Thompson
6. Mother's Maiden Name, Louisa McReay
7. Mother's Birthplace, Baltimore City Md.
8. Full Name of Father, Joseph M Thompson
9. Father's Occupation, Printer
10. Father's Birthplace, Washington D. C.

Name of Medical Attendant, or other Person who makes this Return, J. R. Wiley Md

Address, 195 W. Lombard St City

Remarks,

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

Co., City Printers and Stationers.

85025

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, Feby 16/86
4. Place of Birth, (Street and Number) 397 Hanover
5. Full Name of Mother, Mary J Kirwin
6. Mother's Maiden Name, " " Hanly
7. Mother's Birthplace, City
8. Full Name of Father, Arthur J Kirwin
9. Father's Occupation, Boiler Maker
10. Father's Birthplace, Penn

Name of Medical Attendant, or other Person who makes this Return. Jno D Blake MD

Address, 158 S Paca St

Remarks,

HEALTH DEPARTMENT, APR 7 1886 BALTIMORE, MD.

Report as birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

Co., City Printers and Stationers.

85026

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, May 16/86
4. Place of Birth, (Street and Number) 47 St Peter St
5. Full Name of Mother, Johanna T. Wise
6. Mother's Maiden Name, " " Hillary
7. Mother's Birthplace, City
8. Full Name of Father, Jno Wise
9. Father's Occupation, Porter
10. Father's Birthplace, City

Name of Medical Attendant, or other Person who makes this Return. Jno D. Blake MD

Address, 158 S Paca St

Remarks,

HEALTH DEPARTMENT, APR 7 1886 BALTIMORE, MD.

Co., City Printers and Stationers.

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

85027

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* Feb 16th 188[illegible]
4. *Place of Birth, (Street and Number)* N. Way
5. *Full Name of Mother,* Ella Webb
6. *Mother's Maiden Name,* Carey
7. *Mother's Birthplace,* Balto Md
8. *Full Name of Father,* Richard Webb
9. *Father's Occupation,* Salesman
10. *Father's Birthplace,* Balto Md

Name of Medical Attendant, or other Person who makes this Return. Mr. B. Billingslea

Address, 228 E. Preston St

Remarks,

HEALTH DEPARTMENT, JUL 10 1886 BALTIMORE, MD.

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH.

85028

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT, FEB 25 1886 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	
3. Date of Birth	Feby. 16th '86.
4. Place of Birth (Street and Number)	196 E. Chase St
5. Full Name of Mother	Mary Willson
6. Mother's Maiden Name	Mary Cullen
7. Mother's Birthplace	Balt. City
8. Full Name of Father	Greenbury Willson
9. Father's Occupation	Clerk
10. Father's Birthplace	Balt. City
Name of Medical Attendant, or other Person who makes this Return.	John F. Mommonier M.D.
Address	E. W. Calvert & Reed
Remarks	

of the parents, and the maiden name of the mother of such child or children.

85029

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, MAR 4 1886 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) first child

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* Feb. 16
4. *Place of Birth, (Street and Number)* 27 Lawn's Valley
5. *Full Name of Mother,* Annie Rebecca Johnson
6. *Mother's Maiden Name,* " " "
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* John Anderson
9. *Father's Occupation,* Coachman
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs. Johnson

Address, 94 Tyson St

Remarks,

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

Co., City Printers and Stationers.

85030

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, MAR 3 1886 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, February 16
4. Place of Birth, (Street and Number) Baltimore & Fremont No 135
5. Full Name of Mother, Lillian Gertrude Martain
6. Mother's Maiden Name, Lillian Gertrude Pendleton
7. Mother's Birthplace, Queen Co. Virginia
8. Full Name of Father, Thomas Brumley Martain
9. Father's Occupation, Carpenter
10. Father's Birthplace, King William Co Virginia

Name of Medical Attendant, or other Person who makes this Return. Mrs. M. Shaffer

Address, No 135 Ridgley st

Remarks,

Report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH

85031

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, MAR 8 1886 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth. Feb 16th 1886
4. Place of Birth, (Street and Number) 461 E Lombard
5. Full Name of Mother. Fannie Myers
6. Mother's Maiden Name. Fannie Smith
7. Mother's Birthplace. Balte
8. Full Name of Father. Fred Myers
9. Father's Occupation. Clerk
10. Father's Birthplace. Balte

Name of Medical Attendant, or other Person who makes this Return C A Lewis

Address. 162 Hanover 8

Remarks.

...duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

...ITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 85032

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

HEALTH DEPARTMENT
FEB 20 1882
BALTIMORE MD

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1

1. *Sex*, (state whether male or female) Male
2. *Race or Color*, (if not of the white race) White
3. *Date of Birth* February ~~16~~ 16 1882
4. *Place of Birth*, (Street and Number) 56 Cross St
5. *Full Name of Mother*, Bridget Slaven
6. *Mother's Maiden Name*, Bridget [illegible]ham
7. *Mother's Birthplace*, England
8. *Full Name of Father*, James Slaven
9. *Father's Occupation*, Drayman
10. *Father's Birthplace*, Baltimore

Name of Medical Attendant, or other Person who makes this Return. Ann Nash

Address,

Remarks,

phy & Co., City Printers and Stationers.

RETURN OF A BIRTH

85023

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th 6th

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Feb 16 1885

4. Place of Birth, (Street and Number) No 12 Heath St

5. Full Name of Mother, Lizzie Crawford

6. Mother's Maiden Name, Lizzie Isaacs

7. Mother's Birthplace, Cincinnati Ohio

8. Full Name of Father, George Crawford

9. Father's Occupation, Store Keeper

10. Father's Birthplace, Montgomery Co. Md

Name of Medical Attendant, or other Person who makes this Return. E. Hinton

Address, 18 68 S. Charles St

Remarks,

HEALTH DEPARTMENT
BALTIMORE MD

be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH

85034

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
FEB 19 1886
BALTIMORE MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, Feb 16

4. Place of Birth, (Street and Number) No 114 Hamburg St.

5. Full Name of Mother, Izabella Hooper

6. Mother's Maiden Name, Izabella Boyer

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Edward Hooper

9. Father's Occupation, laborer

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. Angelina Wilson

Address, 314 South Howard Street

Remarks,

Be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recovered.

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RETURN OF A BIRTH

85035

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
FEB 17
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Feb 16. '86
4. Place of Birth, (Street and Number) Federal St 500 ors E of North St
5. Full Name of Mother, Mary Jane Duffy
6. Mother's Maiden Name, Mary Jane Cadman
7. Mother's Birthplace, Washington D.C.
8. Full Name of Father, Edward P. Duffy
9. Father's Occupation, Reporter on "Sun"
10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other Person who makes this Return Robt W Johnson

Address, 64 Franklin St Balto Md

Remarks,

& CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH 85036

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
MAR 1 1886
BALTIMORE MD

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6th
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Feb 17 1886
4. *Place of Birth, (Street and Number)*	382 Lemmon St
5. *Full Name of Mother,*	Kate Rafferty
6. *Mother's Maiden Name,*	Duffy
7. *Mother's Birthplace,*	Ireland
8. *Full Name of Father,*	Peter Rafferty
9. *Father's Occupation,*	Car Driver
10. *Father's Birthplace,*	Ireland
Name of Medical Attendant, or other Person who makes this Return	Chas E Sattler M.D.
Address,	565 Druid Hill Ave
Remarks,	

PRINTERS AND STATIONERS

NOTICE

The succeeding documents were received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

RETURN OF A BIRTH 85037

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex, (state whether male or female)* male

2. *Race or Color, (if not of the white race)* [illegible]

3. *Date of Birth,* Feb 1 [illegible] 86

4. *Place of Birth, (Street and Number)* 448 Central Ave

5. *Full Name of Mother,* Emma ~~[illegible]~~ Hall

6. *Mother's Maiden Name,* Barnard

7. *Mother's Birthplace,* Balto Md

8. *Full Name of Father,* Fred Hall

9. *Father's Occupation,* Brick Layer

10. *Father's Birthplace,* Balto Md

Name of Medical Attendant, or other Person who makes this Return. Dr. O. B. Billingslea

Address, 2286 E. Preston St

Remarks,

HEALTH DEPARTMENT, [illegible] 10 1886 BALTIMORE, MD.

be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report his birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

y & Co., City Printers and Stationers.

RETURN OF A BIRTH 85038

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Report to be made to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th.

1. *Sex, (state whether male or female)* Male

2. *Race or Color, (if not of the white race)* Colored

3. *Date of Birth,* Feb. 17th 1906

4. *Place of Birth, (Street and Number)* No 36 Edward St.

5. *Full Name of Mother,* Agnes Magness

6. *Mother's Maiden Name,* Agnes Hall

7. *Mother's Birthplace,* Harford County

8. *Full Name of Father,* Daniel Magness

9. *Father's Occupation,* Engineer

10. *Father's Birthplace,* Balto.

Name of Medical Attendant, or other Person who makes this Return. C. V. Butt

Address, 185 SE. cor Centre av. & Monument St.

Remarks, All Well

K.B.

HEALTH DEPARTMENT
FEB 27 1906
BALTIMORE, MD.

Co., City Printers and Stationers.

RETURN OF A BIRTH

85039

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, 17 Febr 1886

4. Place of Birth, (Street and Number) 2 Nickolson st.

5. Full Name of Mother, Fredericka Catharina Hubertha Bohn

6. Mother's Maiden Name, Fredericka Catharina Hubertha Lambka

7. Mother's Birthplace, New York

8. Full Name of Father, Johann Baptist Karl Anton Bohn

9. Father's Occupation, Restaurant Keeper

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return. H. M. Ettel

Address,

Remarks,

HEALTH DEPARTMENT FEB 88 BALTIMORE MD.

Be in attendance upon the Mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH

85040

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
FEB 23 1886
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d Child

1. *Sex, (state whether ~~male or~~ female)*
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* February the 17. 1886.
4. *Place of Birth, (Street and Number)* E. Pratt St. No 148.
5. *Full Name of Mother,* Katharine Schubert.
6. *Mother's Maiden Name,* Katharine Fischer
7. *Mother's Birthplace,* Corn. Kr. Bayern. Germany
8. *Full Name of Father,* Jakob Schubert.
9. *Father's Occupation,* Carpet Weaver
10. *Father's Birthplace,* Corn. Kr. Bayern. Germany

Name of Medical Attendant, or other Person who makes this Return Mary E. Miller

Address, No Dallas St. No 26

Remarks,

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

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The succeeding document was received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

RETURN OF A BIRTH

85041

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* 1 [illegible]

4. *Place of Birth, (Street and Number)* [illegible]

5. *Full Name of Mother,* Katie [illegible]

6. *Mother's Maiden Name,* Katie [illegible]

7. *Mother's Birthplace,* Ireland

8. *Full Name of Father,* [illegible]

9. *Father's Occupation,* Laborer

10. *Father's Birthplace,* Ireland

Name of Medical Attendant, or other Person who makes this Return. [illegible]

Address, [illegible] Maryland Ave

Remarks, 1856

HEALTH DEPARTMENT
FEB 23 1886
BALTIMORE, MD.

RETURN OF A BIRTH

85042

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
MAR 11 1886
BALTIMORE, MD

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White.
3. *Date of Birth,* February 17th 1886.
4. *Place of Birth, (Street and Number)* 99 N Poppleton st
5. *Full Name of Mother,* Magaret Redifer
6. *Mother's Maiden Name,* Margaret —
7. *Mother's Birthplace,* Balto City.
8. *Full Name of Father,* George Redifer
9. *Father's Occupation,* House Painter
10. *Father's Birthplace,* Balto City

Name of Medical Attendant, or other Person who makes this Return John D Pennington Md

Address, 134 N Carrollton Av

Remarks,

...duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

...ITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

85043

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7. [illegible]

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* — — —
3. *Date of Birth,* 17th Feb.
4. *Place of Birth, (Street and Number)* No. 402 Orleans St.
5. *Full Name of Mother,* Mary Freese.
6. *Mother's Maiden Name,* Mary Rolfa.
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Frank Freese
9. *Father's Occupation,* Cigar maker
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return Mrs. Louisa Schultz

Address, No. 246 Chew St.

Remarks,

HEALTH DEPARTMENT
FEB 23 1886
BALTIMORE, MD.

should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

85744

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Feby. 17, 1886.

4. Place of Birth, (Street and Number) Maternite

5. Full Name of Mother, Betty Welch

6. Mother's Maiden Name, Do

7. Mother's Birthplace, Va.

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return. William F. Love M.D.

Address, Maternite

Remarks,

HEALTH DEPARTMENT
MAR 5 1886
BALTIMORE

be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH. 85045

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Third
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	Colored
3. *Date of Birth*	Feb 17th 1886
4. *Place of Birth, (Street and Number)*	74 St Mary street Levy
5. *Full Name of Mother,*	Elizabeth Dorsey
6. *Mother's Maiden Name,*	Elizabeth Stewart
7. *Mother's Birthplace,*	Augusta Co. Virginia
8. *Full Name of Father,*	Bassell Dorsey
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	Montgomery Co. Md.
Name of Medical Attendant, or other Person who makes this Return.	Hester Bolance
Address,	32 S. monument street
Remarks,	

HEALTH DEPARTMENT MAR 5 1886 BALTIMORE, MD.

...phy & Co., City Printers and Stationers.

RETURN OF A BIRTH. 85076

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth February 17 1885
4. Place of Birth, (Street and Number) No 1 Rail cord
5. Full Name of Mother, Anna E Riggin
6. Mother's Maiden Name, Anna E Wilson
7. Mother's Birthplace, ~~Baltimore~~ Milton Del
8. Full Name of Father, Lewis Riggin
9. Father's Occupation, Black smith
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. Ann Nash

Address,

Remarks,

HEALTH DEPARTMENT FEB 20 1885 BALTIMORE MD

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

phy & Co., City Printers and Stationers.

RETURN OF A BIRTH.

85047

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 19 1886 BALTIMORE MD

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	11th
1. *Sex (state whether male or female)*	M
2. *Race or Color (if not of the white race)*	W
3. *Date of Birth*	Feby 17th 1886
4. *Place of Birth (Street and Number)*	185 Druid Hill av
5. *Full Name of Mother*	Emma Side Harris
6. *Mother's Maiden Name*	Emma Side
7. *Mother's Birthplace*	Baltimore
8. *Full Name of Father*	Wm Henry Harris
9. *Father's Occupation*	Grocer
10. *Father's Birthplace*	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Dr C Winslow
Address	23 McCulloh st
Remarks	

RETURN OF A BIRTH 85078

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother. (*state whether* 1st, 2d, 3d, *&c.*) 2

1. *Sex,* (*state whether male or female*) Male
2. *Race or Color,* (*if not of the white race*) White
3. *Date of Birth,* Feb. 17. 1886
4. *Place of Birth,* (*Street and Number*) 80 Johnson St.
5. *Full Name of Mother,* Jane Schaefer.
6. *Mother's Maiden Name,* Damm
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Fred Schaefer.
9. *Father's Occupation,* Laborer.
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return Mrs. Scarbrough.

Address, 220 Montgomery St.

Remarks.

HEALTH DEPARTMENT FEB 19 1886 BALTIMORE MD

YERS AND STATIONERS

RETURN OF A BIRTH.

85049

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT, FEB 19 1886 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	~~11th~~
1. *Sex (state whether male or female)*	~~M~~ F
2. *Race or Color (if not of the white race)*	W
3. *Date of Birth*	Feby 17 1886
4. *Place of Birth (Street and Number)*	Division Near Laurale
5. *Full Name of Mother*	~~Miss~~ Frances M Jordan
6. *Mother's Maiden Name*	Miss Frances Myers
7. *Mother's Birthplace*	Baltimore
8. *Full Name of Father*	Mark Jordan
9. *Father's Occupation*	Sportsman
10. *Father's Birthplace*	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Caleb Winslow Mt
Address	23 W McCulloh st
Remarks	

CERTIFICATE CORRECTED 3-22-51

RETURN OF A BIRTH

85050

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

John Henry Hohlbein

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd Child

Sex, (state whether male or female) Little Boy

2. Race or Color, (if not of the white race) White Race

3. Date of Birth, 17th of February 1886

4. Place of Birth, (Street and Number) No 943 west Pratt St

5. Full Name of Mother, Elizabeth Hohlbein ~~Louisa Hohlbein~~

6. Mother's Maiden Name, Miss ~~Louisa Kuhl~~ Elizabeth Kahl

7. Mother's Birthplace, Born Baltimore

8. Full Name of Father, Mr John ~~Hohlbein~~ Hohlbein

9. Father's Occupation, Car Driver

Father's Birthplace, Born Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs. Hiller

Address, 1017 west Pratt st

Remarks,

If person who shall neglect all to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

o., City Printers and Stationers.

RETURN OF A BIRTH. 85051

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
MAR 2 1886
BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Seven

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth 17th of February 1886.

4. Place of Birth, (Street and Number) 108 Druid Hill Ave.

5. Full Name of Mother, Molly Beck.

6. Mother's Maiden Name, Molly Krieger.

7. Mother's Birthplace, Galicia

8. Full Name of Father, Samuel Beck

9. Father's Occupation, Store keper

10. Father's Birthplace, Galicia

11. Name of Medical Attendant, or other Person who makes this Return. Mrs Siebach

Address, No 439 W. Pratt street

Remarks,

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

& Co., City Printers and Stationers.

RETURN OF A BIRTH

85052

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Fifth
Sex, (state whether male or female)	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	February 17th 1886
4. *Place of Birth, (Street and Number)*	66 Burke Street
5. *Full Name of Mother,*	Mrs Christina Hullmann
6. *Mother's Maiden Name,*	Christina Nie yer
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	Charles Hullmann
9. *Father's Occupation,*	Waterman
Father's Birthplace,	Germany
Name of Medical Attendant, or other Person who makes this Return.	Mrs R. A. Garrett
Address,	No 66 Burke St
Remarks,	

HEALTH DEPARTMENT MAR 2 1886 BALTIMORE

for each offence to be recovered as other fines and forfeitures are recoverable.

..., City Printers and Stationers.

RETURN OF A BIRTH

85053

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th child
Sex, (state whether male or female)	Male
Race or Color, (if not of the white race)	Negro
Date of Birth,	February 17 1886
Place of Birth, (Street and Number)	132 Hanover
Full Name of Mother,	Virginia Hopkins
Mother's Maiden Name,	Virginia Berry
Mother's Birthplace,	Baltimore
Full Name of Father,	Albert Hopkins
Father's Occupation,	Laborer
Father's Birthplace,	Kent County Md
Name of Medical Attendant, or other Person who makes this Return.	Mr. R. A. Garrett
Address,	1065 Burke St
Remarks,	

HEALTH DEPARTMENT MAR 2 1886 BALTIMORE MD.

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH 85054

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
MAR 2 1885
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, 17th February

4. Place of Birth, (Street and Number) 272 Cross St Baltimore Md.

5. Full Name of Mother, Johanetta Bernhard

6. Mother's Maiden Name, Wolf

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Conrad Bernhard

9. Father's Occupation, Baker

10. Father's Birthplace, Germany Europe

Name of Medical Attendant, or other Person who makes this Return, M. Munch

Address, 1 Leadenhall St,

Remarks,

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

o., City Printers and Stationers.

RETURN OF A BIRTH

85055

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
MAR 2 1886
BALTIMORE MD.

No. of Child of Mother, (state whether 1st, ~~2d, 3d~~, &c.)

1. Sex, (state whether ~~male~~ or female)
2. Race or Color, (if not of the white race)
3. Date of Birth, Feb 17, 1886
4. Place of Birth, (Street and Number) 370 West St. Baltimore City
5. Full Name of Mother, Maria Theresia Rodenberge.
6. Mother's Maiden Name, Maria Theresia Keidel
7. Mother's Birthplace, Baltimore Md.
8. Full Name of Father, Henry Christopher Rodenberge.
9. Father's Occupation, Carrier
10. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other Person who makes this Return. Mc Munch

Address, 1 Leadenhall St.

Remarks,

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH.

85056

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 20 1926 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, ~~2d, 3d, &c.~~)

1. *Sex (state whether male or female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Feby 18
4. *Place of Birth (Street and Number)* 262 W Hollins
5. *Full Name of Mother* Cora Torny
6. *Mother's Maiden Name* Cora Trumbo
7. *Mother's Birthplace* Md
8. *Full Name of Father* Chas Torny
9. *Father's Occupation* Shoemaker
10. *Father's Birthplace* Va

Name of Medical Attendant, or other Person who makes this Return. Robt K Kneass

Address 534 W Fayette St

Remarks

RETURN OF A BIRTH

85057

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

1886

HEALTH DEPARTMENT FEB 19 1886 BALTIMORE MD

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd
1. *Sex, (state whether male or female)*	female
2. *Race or Color, (if not of the white race)*	white
3. *Date of Birth,*	Feby 18 —
4. *Place of Birth, (Street and Number)*	217 N Gay
5. *Full Name of Mother,*	Lillie Saulman
6. *Mother's Maiden Name,*	Lillie Harmon
7. *Mother's Birthplace,*	England
8. *Full Name of Father,*	Saml Saulman
9. *Father's Occupation,*	Tailor
10. *Father's Birthplace,*	Prussia
Name of Medical Attendant, or other Person who makes this Return	Daniel V Mayo MD
Address,	172 Aisquith St City
Remarks,	

GEO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

85055

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, FEB 19 1886 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Negro
3. *Date of Birth,* February 18th 1886
4. *Place of Birth, (Street and Number)* No 2 N th Wolf St
5. *Full Name of Mother,* Amelia Glaccum
6. *Mother's Maiden Name,* Buchanan
7. *Mother's Birthplace,* Harford Co Md
8. *Full Name of Father,* Thomas Henry Glaccum
9. *Father's Occupation,* Sailor
10. *Father's Birthplace,* Dorchester Co Md

Name of Medical Attendant, or other Person who makes this Return J B Schwatka MD

Address, Cor Bway & Barnes Sts

Remarks,

Within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 85059

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, MAR 3 1886 BALTIMORE, MD.

No. of Child of Mother (state whether ~~1st~~, 2d, ~~3d~~, &c.) 2

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth 18th Feb. 1886
4. Place of Birth, (Street and Number) 79 Patterson Park Ave.
5. Full Name of Mother, Mary Nagengast
6. Mother's Maiden Name, Mary Fuchs
7. Mother's Birthplace, Balt md
8. Full Name of Father, Andrew Nagengast
9. Father's Occupation, Laborer
10. Father's Birthplace, Balt md

Name of Medical Attendant, or other Person who makes this Return. Mrs Johanna Rauprich

Address, 14 South Wolfe St

Remarks,

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

A Co., City Printers and Stationers.

85060

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, MAR 2 1886 BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* Feb. 18th 1886
4. *Place of Birth, (Street and Number)* # 5 N. Encor St (extended)
5. *Full Name of Mother,* Mary Lang
6. *Mother's Maiden Name,* " Kluetsch
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Jno. Lang
9. *Father's Occupation,* Broom-maker
10. *Father's Birthplace,* Balto. Md.

Name of Medical Attendant, or other Person who makes this Return. Mrs Lena Killegerst

Address, #12 E Monument St.

Remarks,

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH

85061

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	Col
3. *Date of Birth,*	Feb 18th 1886
4. *Place of Birth, (Street and Number)*	6 Boundary near Balt. St
5. *Full Name of Mother,*	Eliza Alsop
6. *Mother's Maiden Name,*	Gross
7. *Mother's Birthplace,*	Md
8. *Full Name of Father,*	James Alsop
9. *Father's Occupation,*	Butcher
10. *Father's Birthplace.*	Md.
Name of Medical Attendant, or other Person who makes this Return	Chas E Sattler MD
Address,	
Remarks,	

HEALTH DEPARTMENT MAR 1 1886 BALTIMORE MD

...TERS AND STATIONERS

RETURN OF A BIRTH

85062

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, February 18th 1886
4. Place of Birth, (Street and Number) 196 Canton Ave
5. Full Name of Mother, Elizabeth Kislehorst
6. Mother's Maiden Name, " Lentz
7. Mother's Birthplace, Germany
8. Full Name of Father, Henry Kislehorst
9. Father's Occupation, Laborer
10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs Elizabeth Betz

Address, 120 Bank St

Remarks,

HEALTH DEPARTMENT
MAR 1886
BALTIMORE, MD.

Co., City Printers and Stationers.

Report as birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

85063.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9 th

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Feb 18

4. Place of Birth, (Street and Number) No 224 Crocker St

5. Full Name of Mother, Barbra Roberts

6. Mother's Maiden Name, Barbra Ettel

7. Mother's Birthplace, Balt

8. Full Name of Father, Thomas Roberts

9. Father's Occupation, Laborer

10. Father's Birthplace, Wales

Name of Medical Attendant, or other Person who makes this Return. Mrs Ettel

Address, No 13 Cuba St

Remarks,

HEALTH DEPT

BALTIMORE MD

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH

85064

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Arthur J Dorsey

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, February 18th 1895

4. Place of Birth, (Street and Number) 707 Lexington St

5. Full Name of Mother, Betty Mattie Dorsey

6. Mother's Maiden Name, Betty Mattie Jones

7. Mother's Birthplace, Hartford Co Md

8. Full Name of Father, Frank Dorsey

9. Father's Occupation, Salesman

10. Father's Birthplace, Harford Co Md

Name of Medical Attendant, or other Person who makes this Return. [illegible]

Address, 41 N. Penna Ave

Remarks, Name added and correction made by Mrs Betty Dorsey (mother) July 5-1935 Mrs Betty Dorsey

HEALTH DEPART... FEB ... BALTIMORE MD

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

Co., City Printers and Stationers.

RETURN OF A BIRTH.

85065

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
FEB 24 1886
BALTIMORE MD

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3d
1. *Sex (state whether male or female)*	Female
2. *Race or Color (if not of the white race)*	
3. *Date of Birth*	Febuary 18th
4. *Place of Birth (Street and Number)*	96 Lee st
5. *Full Name of Mother*	Ida E. C. Micheau
6. *Mother's Maiden Name*	Ida Eva Catherine Effler
7. *Mother's Birthplace*	Balto city
8. *Full Name of Father*	Ellis Micheau
9. *Father's Occupation*	Physician
10. *Father's Birthplace*	Balto City
Name of Medical Attendant, or other Person who makes this Return.	E. Micheau M.D.
Address	96 Lee st
Remarks	

name of the mother of such child or children.

RETURN OF A BIRTH 15066

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
FEB 24 1886
BALTIMORE MD

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 th

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* × 340 n Amst
4. *Place of Birth, (Street and Number)* × 18 the Feb 1886
5. *Full Name of Mother,* Louisa Schindler
6. *Mother's Maiden Name,* Louisa Appel
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Joe Schindler
9. *Father's Occupation,* Tailor
10. *Father's Birthplace,* Bavaria

Name of Medical Attendant, or other Person who makes this Return, Mrs. W. Maennel. Med. wife

Address, 8 Pearl Str.

Remarks,

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

85067

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
MAR 11 1886
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, Eigthtunth of Febuary
4. Place of Birth, (Street and Number) No 114 Burgundy st.
5. Full Name of Mother, Elizabeth Gerlach
6. Mother's Maiden Name, Elizabeth Henkel
7. Mother's Birthplace, Germany
8. Full Name of Father, Jacob Gerlach
9. Father's Occupation, Millwrigth
10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return. Olbrs Sange

Address, 426 Cross steet

Remarks,

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

Co., City Printers and Stationers.

RETURN OF A BIRTH 85068

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

HEALTH DEPARTMENT, APR 6 1886 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Second
1. *Sex (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	18 Feb. 1886
4. *Place of Birth, (Street and Number)*	8 Brown's Lane
5. *Full Name of Mother,*	Jennie E. Eberdt
6. *Mother's Maiden Name,*	Smith
7. *Mother's Birthplace,*	Balt.
8. *Full Name of Father,*	Chas. F. Eberdt
9. *Father's Occupation,*	Butcher
10. *Father's Birthplace,*	Balt.
Name of Medical Attendant, or other Person who makes this Return	John Hood
Address,	594 W. Fayette st
Remarks,	

PRINTERS AND STATIONERS

RETURN OF A BIRTH

85069

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6th
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Feb 18 1886
4. *Place of Birth, (Street and Number)*	270 E Pratt
5. *Full Name of Mother,*	Rose Marie
6. *Mother's Maiden Name,*	Rose Rosenheim
7. *Mother's Birthplace,*	City
8. *Full Name of Father,*	Emanuel Marie
9. *Father's Occupation,*	Farmer
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other Person who makes this Return	A Reinold MD
Address,	
Remarks,	

HEALTH DEPARTMENT FEB 23 1886 BALTIMORE MD

TY PRINTERS AND STATIONERS.

RETURN OF A BIRTH 85070

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
FEB 23 1886
BALTIMORE MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, 18 Febuary
4. Place of Birth, (Street and Number) 39 Albemarle Street
5. Full Name of Mother, Mary Feady
6. Mother's Maiden Name, Braidy
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Fred Feady
9. Father's Occupation, Labourer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return, Sarah Casper

Address, 12. E. Lombard street

Remarks,

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

Co., City Printers and Stationers.

RETURN OF A BIRTH

85071

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First.

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Feby 18 86,
4. *Place of Birth, (Street and Number)* Maternite, 161 W Lombard St
5. *Full Name of Mother,* Ida Everett
6. *Mother's Maiden Name,* Do
7. *Mother's Birthplace,* Va.
8. *Full Name of Father,* —
9. *Father's Occupation,* —
10. *Father's Birthplace,* —

Name of Medical Attendant, or other Person who makes this Return. William S. Gardner M.D.

Address, Maternite,

Remarks,

HEALTH DEPARTMENT, MAR 5 1886 BALTIMORE

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

& Co., City Printers and Stationers.

RETURN OF A BIRTH

85072

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8 child.

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) —

3. Date of Birth, 18th Feb.

4. Place of Birth, (Street and Number) No. 218. Wolf St.

5. Full Name of Mother, Francis Mehrbrie.

6. Mother's Maiden Name, Francis Bates

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Ambros Mehrbrie

9. Father's Occupation, Tailor.

10. Father's Birthplace, Germiny.

Name of Medical Attendant, or other Person who makes this Return Mrs. Louisa Schulter

Address, No. 246 Chew St.

Remarks,

HEALTH DEPARTMENT, FEB 23 1886, BALTIMORE, MD.

...duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

...ITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

85073

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* W Lic

3. *Date of Birth,* Feby 18, 1896

4. *Place of Birth, (Street and Number)* Molemill

5. *Full Name of Mother,* Mary Chesley

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,* Molemill

8. *Full Name of Father,* —

9. *Father's Occupation,* —

10. *Father's Birthplace,* —

Name of Medical Attendant, or other Person who makes this Return. William S. Glenn M.D.

Address, Molemill

Remarks,

HEALTH DEPARTMENT
MAR 5 1896
BALTIMORE

& Co., City Printers and Stationers.

RETURN OF A BIRTH

85074

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) White

3. Date of Birth, 18 February

4. Place of Birth, (Street and Number) 132 Madaira Alley

5. Full Name of Mother, Mary Röpke

6. Mother's Maiden Name, = Euler

7. Mother's Birthplace, Eisstein (Hessen)

8. Full Name of Father, John Röpke

9. Father's Occupation, Karpenter

10. Father's Birthplace, Emden Hannover (Germ)

Name of Medical Attendant, or other Person who makes this Return. Mrs G. Weiss

Address, 424 Lancaster St.

Remarks,

HEALTH DEPARTMENT
MAR 5 1886
BALTIMORE, MD.

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ... for each offense to be recovered as other fines and forfeitures are recoverable.

... Co., City Printers and Stationers.

RETURN OF A BIRTH 85075

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d George

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, February 18th 1886.
4. Place of Birth, (Street and Number) 63 Harrison st
5. Full Name of Mother, Beca Rosentahl
6. Mother's Maiden Name, " Burger
7. Mother's Birthplace, Russia
8. Full Name of Father, Joan Rosentahl
9. Father's Occupation, Store keeper
10. Father's Birthplace, Russia

Name of Medical Attendant, or other Person who makes this Return. E Scherman

Address, Albemarle st N 26

Remarks,

HEALTH DEPARTMENT, MAR 4 1886 BALTIMORE, MD.

Report set forth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

Co., City Printers and Stationers.

GIVEN NAME ADDED 1-20-55

85076

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Leah Goldenberg

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d Lila

HEALTH DEPARTMENT, MAR 4 1886 BALTIMORE, MD.

1. Sex, (state whether male or female) Girle
2. Race or Color, (if not of the white race) White
3. Date of Birth, February 18th 1886.
4. Place of Birth, (Street and Number) 46. S. Caroline St.
5. Full Name of Mother, Liba Goldenberg
6. Mother's Maiden Name, " Magidman
7. Mother's Birthplace, Russia
8. Full Name of Father, Gabriel Goldenberg
9. Father's Occupation, Cigar Maker
10. Father's Birthplace, Russia

Name of Medical Attendant, or other Person who makes this Return. E Scherman

Address, Albemarle st N 26

Remarks,

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

Co., City Printers and Stationers.

RETURN OF A BIRTH.

85077

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, MAR 4 1886 BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth Feb 16 1886
4. Place of Birth, (Street and Number) 6 Bank St.
5. Full Name of Mother, Winefort Murry
6. Mother's Maiden Name, Nash
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Michl Murry
9. Father's Occupation, Laborer
10. Father's Birthplace, Irland

Name of Medical Attendant, or other Person who makes this Return. Mary Stein

Address, 151 E. Pratt St.

Remarks,

for each offence to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH.

85078

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, MAR 4 1886 BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 7

1. *Sex*, (state whether male or female) Female
2. *Race or Color*, (if not of the white race) Negro
3. *Date of Birth* Feb. 18 1886
4. *Place of Birth*, (Street and Number) 50 S. Bethel St.
5. *Full Name of Mother*, Mary Williams
6. *Mother's Maiden Name*, Wilson
7. *Mother's Birthplace*, Baltimore
8. *Full Name of Father*, Henry Williams
9. *Father's Occupation*, Laborer
10. *Father's Birthplace*, Baltimore

Name of Medical Attendant, or other Person who makes this Return, Mary Steiner

Address, 167 E Pratt

Remarks,

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

y & Co., City Printers and Stationers.

RETURN OF A BIRTH 85079

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
FEB 2 1886
BALTIMORE MD

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, February 19: 86
4. Place of Birth, (Street and Number) 266½ Argyle Ave
5. Full Name of Mother, Annie Ridout
6. Mother's Maiden Name, " Nuwara
7. Mother's Birthplace, New York
8. Full Name of Father, Samuel Ridout
9. Father's Occupation, Teacher
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other Person who makes this Return P. C. Williams

Address, 201 Madison Ave

Remarks,

within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

PRINTERS AND STATIONERS.

RETURN OF A BIRTH 85080

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Feb 19th 1886
4. *Place of Birth, (Street and Number)* 213 S. Paca St
5. *Full Name of Mother,* Ida Cecilia
6. *Mother's Maiden Name,* " Manuel
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Alfred R. Cecilia
9. *Father's Occupation,* Tailor
10. *Father's Birthplace,* France

Name of Medical Attendant, or other Person who makes this Return. Theodore Chew M.D.

Address, 116 Monroe St

Remarks,

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine or penalty of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

Co., City Printers and Stationers.

RETURN OF A BIRTH

85081

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* Feb. 19th

4. *Place of Birth, (Street and Number)* 567 Hanover

5. *Full Name of Mother,* Rebecca Hennessy.

6. *Mother's Maiden Name,* Newman

7. *Mother's Birthplace,* Baltimore

8. *Full Name of Father,* John Hennessy.

9. *Father's Occupation,* Boiler Inspector

10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mary Hood

Address, 228 E. Eutaw St.

Remarks,

HEALTH DEPARTMENT, MAR 3 1886 BALTIMORE, MD.

...A Co., City Printers and Stationers.

85182

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, MAR 2 1886 BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) second child

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth* 19 February 1886
4. *Place of Birth, (Street and Number)* Dover St 205
5. *Full Name of Mother,* Mary Hardy
6. *Mother's Maiden Name,* Mary Brand
7. *Mother's Birthplace,* Baltimore City
8. *Full Name of Father,* Michael J Hardy
9. *Father's Occupation,* Basket maker
10. *Father's Birthplace,* Louisville Ky

Name of Medical Attendant, or other Person who makes this Return. Mrs. Catherine Seebach

Address, No 439 W Pratt street

Remarks,

Report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

...y & Co., City Printers and Stationers.

85083

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Ninth

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth* Feb. 19 1886
4. *Place of Birth, (Street and Number)* 87 E Biddle St
5. *Full Name of Mother,* Mary H Woodward
6. *Mother's Maiden Name,* Gellespie
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Robt. A Woodward
9. *Father's Occupation,* Painter
10. *Father's Birthplace,* Virginia

Name of Medical Attendant, or other Person who makes this Return. Mary A Allwell

Address, 286 Mt Donogh st

Remarks,

HEALTH DEPARTMENT MAR 2 1886 BALTIMORE, MD

Report to birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

...y & Co., City Printers and Stationers.

85084

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, February 19th 1886
4. Place of Birth, (Street and Number) 270 S Bond St.
5. Full Name of Mother, Amelia Klossman
6. Mother's Maiden Name, " Ripken
7. Mother's Birthplace, City
8. Full Name of Father, Christian Klossman
9. Father's Occupation, Oyster shucker
10. Father's Birthplace, City

Name of Medical Attendant, or other Person who makes this Return. Mrs Elizabeth Betz

Address, 120 Bank St

Remarks,

HEALTH DEPARTMENT MAR 1 1886 BALTIMORE MD

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH. 85085

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth* Feb. 19. 1886
4. *Place of Birth, (Street and Number)* 46 S. Bond St Balto Md
5. *Full Name of Mother,* Maggie Layman
6. *Mother's Maiden Name,* Greenfield
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Harry Layman
9. *Father's Occupation,* Sailor
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return. Caroline Miller

Address, #5 Walker St. Balto. Md.

Remarks,

HEALTH DEPARTMENT FEB 2 1886 BALTIMORE, MD.

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

...phy & Co., City Printers and Stationers.

85086

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

HEALTH DEPARTMENT
FEB 27 1886
BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth Feb. 19. 1886
4. Place of Birth, (Street and Number) 189 N. Bethel St. Balto. Md.
5. Full Name of Mother, Katherine Hammel
6. Mother's Maiden Name, " Monickheim
7. Mother's Birthplace, Germany
8. Full Name of Father, Mathias Hammel
9. Father's Occupation, Paver
10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return. Caroline Miller

Address, # 5 Walker St. Balto Md.

Remarks,

...hy & Co., City Printers and Stationers.

RETURN OF A BIRTH 85087

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
FEB 25 1886
BALTIMORE MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	Feb 19th
4. Place of Birth, (Street and Number)	Antietam St No 46
5. Full Name of Mother,	Laydia Hancock
6. Mother's Maiden Name,	Harvey
7. Mother's Birthplace,	Virginia
8. Full Name of Father,	Geo. Hancock
9. Father's Occupation,	Laborer
10. Father's Birthplace,	Virginia
Name of Medical Attendant, or other Person who makes this Return	Mary A. Morrigan
Address,	112 Scott St
Remarks,	

PRINTERS AND STATIONERS

RETURN OF A BIRTH

85088

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
FEB 23 1900
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4. Last two is twins.
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	Colored
3. *Date of Birth,*	19 February
4. *Place of Birth, (Street and Number)*	89 Moores Alley
5. *Full Name of Mother,*	Mrs Jennie Forrest
6. *Mother's Maiden Name,*	Mrs Jennie Forrest
7. *Mother's Birthplace,*	Eastern Shore
8. *Full Name of Father,*	John Grant
9. *Father's Occupation,*	Coachman
10. *Father's Birthplace,*	Texas
Name of Medical Attendant, or other Person who makes this Return.	Mrs Charlotte Goldsborough
Address,	89 Moores Alley
Remarks,	

PRINTER & STATIONER, BALT.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4 last two are twins
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	Colored
3. *Date of Birth,*	19 of February
4. *Place of Birth, (Street and Number)*	99 Moores Alley
5. *Full Name of Mother,*	Jennie Forrest
6. *Mother's Maiden Name,*	Jennie Forrest
7. *Mother's Birthplace,*	Eastern Shore
8. *Full Name of Father,*	John Grant
9. *Father's Occupation,*	Coachman
10. *Father's Birthplace,*	Texas
Name of Medical Attendant, or other Person who makes this Return.	Mrs Charlotte Goldsborough
Address,	99 Moores Alley
Remarks,	

PRINTER & STATIONER, BALT.

85089

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (~~state whether~~ male ~~or female~~)
2. Race or Color, (~~if not of the~~ white race)
3. Date of Birth Feb. 19th 1886
4. Place of Birth, (Street and Number) No. 339 E Eager St.
5. Full Name of Mother, Marion Pierce,
6. Mother's Maiden Name, Miller,
7. Mother's Birthplace, Baltimore,
8. Full Name of Father, Joseph Crawford Pierce
9. Father's Occupation, Whip-maker,
10. Father's Birthplace, Baltimore County,

Name of Medical Attendant, or other Person who makes this Return. J. Ridgway Andre M. D.

Address, No 121 E Balto. St.

Remarks,

HEALTH DEPARTMENT FEB 23 1886 BALTIMORE, MD.

Report as birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

...y & Co., City Printers and Stationers.

NOTICE

The succeeding document was received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

RETURN OF A BIRTH

85090

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st 3d

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 19 of February 1886
4. *Place of Birth, (Street and Number)* 24 Peabody Street
5. *Full Name of Mother,* Annie Kramer
6. *Mother's Maiden Name,* Annie Schaub
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* John Kramer
9. *Father's Occupation,* Tailor
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs Christina Sa[illegible]

Address, 173 Hanford Ave

Remarks, 1886.

HEALTH DEPARTMENT, FEB 23 1886, BALTIMORE, MD.

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

85091

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

HEALTH DEPARTMENT
MAR 5 1896
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Feb 19th 1896
4. *Place of Birth, (Street and Number)* 358 Preston St
5. *Full Name of Mother,* Kate C Borlin
6. *Mother's Maiden Name,* " " Dyer
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Samuel C Borlin
9. *Father's Occupation,* Painter
10. *Father's Birthplace,* Cecil County

Name of Medical Attendant, or other Person who makes this Return. Mrs J. Groomy

Address, 466 N Gay St

Remarks,

& Co., City Printers and Stationers.

RETURN OF A BIRTH 85092

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 the

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, 19 of February

4. Place of Birth, (Street and Number) 105 Canton St. Canton

5. Full Name of Mother. Anni Dimmick

6. Mother's Maiden Name, = Bartels

7. Mother's Birthplace. Balt

8. Full Name of Father, John Dimmick

9. Father's Occupation, Labeln

10. Father's Birthplace, Balt.

Name of Medical Attendant, or other Person who makes this Return. Wm G. Weiss

Address, 424 Lancaster St.

Remarks,

HEALTH DEPARTMENT
MAR 5 1886
BALTIMORE MD

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

Co., City Printers and Stationers.

RETURN OF A BIRTH

85093

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd child
Sex, (state whether male or female)	male
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	Feby 19/86
4. Place of Birth, (Street and Number)	75 Lancaster St.
5. Full Name of Mother,	Kate Ruggiara
6. Mother's Maiden Name,	" Passina
7. Mother's Birthplace,	Italy
8. Full Name of Father,	Ferdinand Ruggiara
9. Father's Occupation,	Baker
Father's Birthplace,	Italy
Name of Medical Attendant, or other Person who makes this Return.	R. W. Mansfield M.D.
Address,	50 & 52 Broadway
Remarks,	

HEALTH DEPARTMENT MAR 5 1886 BALTIMORE MD

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

Co., City Printers and Stationers.

RETURN OF A BIRTH

85094

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5
Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	Feby 19/86
4. Place of Birth, (Street and Number)	188 W. Mount St.
5. Full Name of Mother,	Sally G. Ames
6. Mother's Maiden Name,	" Smith
7. Mother's Birthplace,	Va.
8. Full Name of Father,	Geo. T. Ames.
9. Father's Occupation,	Merchant
Father's Birthplace,	Va
Name of Medical Attendant, or other Person who makes this Return.	Thomas Opie M.D
Address,	179 N. Howard St
Remarks,	

HEALTH DEPARTMENT MAR 1 1886 BALTIMORE MD

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

Co. City Printers and Stationers

RETURN OF A BIRTH

85095

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Joseph Albert Bowyer

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Color
3. *Date of Birth,* 19 february 1886
4. *Place of Birth, (Street and Number)* Baltimore 259 Cross street
5. *Full Name of Mother,* Susie Smith
6. *Mother's Maiden Name,* Susie Bowyer
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Ben Bowyer
9. *Father's Occupation,* Heard Carier
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return Annie Johnson

Address, No. 80. Plum Alley

Remarks,

HEALTH DEPARTMENT
MAR 25 1886
BALTIMORE, MD.

...ity of the parent or parents to shall cause to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

PRINTERS AND STATIONERS.

RETURN OF A BIRTH

85096

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	
3. Date of Birth,	April 1/86
4. Place of Birth, (Street and Number)	98 Lanvale
5. Full Name of Mother,	Mary Hellany
6. Mother's Maiden Name,	" Calvert
7. Mother's Birthplace,	City
8. Full Name of Father,	Jas E Hellany
9. Father's Occupation,	Clerk
10. Father's Birthplace,	City
Name of Medical Attendant, or other Person who makes this Return.	Jno D Blake MD
Address,	671 Lanvale
Remarks,	

HEALTH DEPARTMENT
APR 7 1886
BALTIMORE, MD.

Report to be made to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

Co., City Printers and Stationers.

RETURN OF A BIRTH.

85091

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
FEB 22 1886
BALTIMORE MD

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Seventh

1. *Sex (~~state whether Male or~~ Female)*
2. *Race or Color (~~if not~~ of the white race)*
3. *Date of Birth* Feb 20th 1886
4. *Place of Birth (Street and Number)* N E Cor Madison Ave & Mosher St
5. *Full Name of Mother* Juliet Iswell Baldwin
6. *Mother's Maiden Name* Iswell
7. *Mother's Birthplace* Anne Arundel Co Md
8. *Full Name of Father* Summerfield Baldwin
9. *Father's Occupation* Merchant
10. *Father's Birthplace* Anne Arundel Co Md

Name of Medical Attendant, or other Person who makes this Return. Elias le Price M.D.

Address 262 Madison Ave

Remarks Baltimore

of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

85098

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, FEB 22 1886 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Feb: 20th 86
4. *Place of Birth, (Street and Number)*	82 N. Paca St.
5. *Full Name of Mother,*	Martha Heller
6. *Mother's Maiden Name,*	Martha Helfe
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Julius W. Heller
9. *Father's Occupation,*	Merchant
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other Person who makes this Return.	F. Jenkins
Address,	No: 2 Cathedral 84
Remarks,	

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

Co., City Printers and Stationers.

NOTICE

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RETURN OF A BIRTH

15099

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 & Child

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, February 24 1896

4. Place of Birth, (Street and Number) Canton

5. Full Name of Mother, Caroline Matilda Damm

6. Mother's Maiden Name, Rose

7. Mother's Birthplace, Germany

8. Full Name of Father, Frederick Damm

9. Father's Occupation, Can Maker

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs Wiley

Address, No 12 Patterson Park ave

Remarks,

HEALTH DEPARTMENT MAR BALTIMORE MD

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH. 85100

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
MAR 2 1886
BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) fourth

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth Twentyeth Febr 20th 1886

4. Place of Birth, (Street and Number) No 9 Little Pearl

5. Full Name of Mother, Kate M. Rieker

6. Mother's Maiden Name, Kraushich

7. Mother's Birthplace, Bavaria

8. Full Name of Father, John G Rieker

9. Father's Occupation, Shoemaker

10. Father's Birthplace, Wurttemberg

Name of Medical Attendant, or other Person who makes this Return. Mrs. Seebach

Address, 439 W. Pratt

Remarks,

Report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

...y & Co., City Printers and Stationers.

RETURN OF A BIRTH

85101

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
MAR 2 1886
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8

1. Sex, (state whether male or ~~female~~)
2. Race or Color, (if not of the white race)
3. Date of Birth, 20 Februar 1886.
4. Place of Birth, (Street and Number) No. 38 Covington Street
5. Full Name of Mother, Mary Fischer
6. Mother's Maiden Name, Maryi Andre
7. Mother's Birthplace, Germany.
8. Full Name of Father, William Fischer
9. Father's Occupation, Glass Pad. or
10. Father's Birthplace, Germany.

Name of Medical Attendant, or other Person who makes this Return. Ms Munch

Address, 1 Leadenhall St,

Remarks,

report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH 85102

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT MAR 9 1886 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

Sex, (state whether male or female) Male

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* Feb 20th 1886

4. *Place of Birth, (Street and Number)* 45 Lawrence St

5. *Full Name of Mother,* Mary Bounds

6. *Mother's Maiden Name,* Mary Schatz

7. *Mother's Birthplace,* Balto Md

8. *Full Name of Father,* John Bounds

9. *Father's Occupation,* Painter

10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other Person who makes this Return. Mrs. C Mesenehl

Address, 123 Penna ave

Remarks,

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

City Printers and Stationers

RETURN OF A BIRTH

85103

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Feby 20/86

4. Place of Birth, (Street and Number) 48 N. Freemon Apt

5. Full Name of Mother, Mrs E Crook Brown

6. Mother's Maiden Name, Maria Shaus

7. Mother's Birthplace, Baltimore md

8. Full Name of Father, E Crook Brown

9. Father's Occupation, Shipping Clerk

10. Father's Birthplace, Baltimore md

Name of Medical Attendant, or other Person who makes this Return, Mrs Annie Runder

Address, 60. N. Schroeder St.

Remarks,

HEALTH DEPARTMENT
MAR 16 1886
BALTIMORE, MD.

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH

85104

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) white

3. Date of Birth, Feb. 20th.

4. Place of Birth, (Street and Number) 42 Russell st

5. Full Name of Mother, Mary Bohlayer

6. Mother's Maiden Name, " Schmidt

7. Mother's Birthplace, Anne Arundel Co.

8. Full Name of Father, Herman Schmidt

9. Father's Occupation, Glassblower

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return. G. L. Braddenthorn

Address, 166 S. Paca st.

Remarks,

HEALTH DEPARTMENT
MAR 20 1886
BALTIMORE, MD.

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

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85105

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Petrina Ann

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd Weinmann

1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race) White.
3. Date of Birth Feb. 20th 1886
4. Place of Birth, (Street and Number) #35 Constitution St
5. Full Name of Mother, Annie Weinmann
6. Mother's Maiden Name, " Hagerty
7. Mother's Birthplace, Balto. Md.
8. Full Name of Father, Albert Weinmann.
9. Father's Occupation, Stone-Cutter
10. Father's Birthplace, Balto. Md.

Name of Medical Attendant, or other Person who makes this Return. Mrs. Lena Hillegeist

Address, #182 E. Monument St.

Remarks, GIVEN NAME ADDED 1-26-54

L.M.

HEALTH DEPARTMENT MAR 2 1886 BALTIMORE, MD

report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

...hy & Co., City Printers and Stationers.

RETURN OF A BIRTH

85106

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. *Sex (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Feb 20 1886
4. *Place of Birth, (Street and Number)* 226 Etting St
5. *Full Name of Mother,* Alice Wilhelm
6. *Mother's Maiden Name,* Armacost
7. *Mother's Birthplace,* Md
8. *Full Name of Father,* John Wilhelm
9. *Father's Occupation,* Carpenter
10. *Father's Birthplace,* Md

Name of Medical Attendant, or other Person who makes this Return Chas E Gadtler M.D.

Address, 565 Druid Hill Ave

Remarks,

HEALTH DEPARTMENT MAR 1 1886 BALTIMORE MD.

PRINTERS AND STATIONERS

RETURN OF A BIRTH

85107

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* Mail
2. *Race or Color, (if not of the white race)* Colord
3. *Date of Birth,* 20 of Febuary
4. *Place of Birth, (Street and Number)* 23 Stockholam st
5. *Full Name of Mother,* Josephen Daiels
6. *Mother's Maiden Name,* Josephen Plesant
7. *Mother's Birthplace,* Richment va
8. *Full Name of Father,* Joseph Daiels
9. *Father's Occupation,* Labore
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Address, Mrs Mills No 9 st Stockholam

Remarks, durbin Will at present

HEALTH DEPARTMENT
MAR 1 1886
BALTIMORE MD.

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RETURN OF A BIRTH

85108

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex, (state whether male or female)* Male

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* 2s Twentyeth

4. *Place of Birth, (Street and Number)* 476 Lexington st

5. *Full Name of Mother,* Mary Eliger France

6. *Mother's Maiden Name,* Harvey

7. *Mother's Birthplace,* Montgomery county

8. *Full Name of Father,* Charles Ambrose France

9. *Father's Occupation,* Cigar maker

10. *Father's Birthplace,* Balto city

Name of Medical Attendant, or other Person who makes this Return. Mrs Annie Lumbo

Address, 61 North Schroeder St.

Remarks,

HEALTH DEPARTMENT FEB 27 1886 BALTIMORE, MD.

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH

85109

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Feb 20/86
4. Place of Birth, (Street and Number) 60 S. Carey st
5. Full Name of Mother, Almira Taylor
6. Mother's Maiden Name, " Pretlow
7. Mother's Birthplace, Baltimore City
8. Full Name of Father, Charles J. Taylor
9. Father's Occupation, Clerk
10. Father's Birthplace, Balto. Co. Md.

Name of Medical Attendant, or other Person who makes this Return. Jas. A. Gilfillan M.D.

Address, 47 Edmondson ave

Remarks,

HEALTH DEPARTMENT
FEB 27 1886
BALTIMORE, MD

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH

85110

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, FEB 27 1886 BALTIMORE MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Feb 20/86

4. Place of Birth, (Street and Number) 1028 N. Gilmor St

5. Full Name of Mother, Laura Virginia Robinson

6. Mother's Maiden Name, " " Collins

7. Mother's Birthplace, A. A. Co. Md

8. Full Name of Father, George Stewart Robinson

9. Father's Occupation, Clerk

10. Father's Birthplace, A.A. Co. Md

Name of Medical Attendant, or other Person who makes this Return. Jas. E. Gibbons M.D.

Address, 47 Edmondson ave

Remarks,

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH.

8 5111

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Second Child.

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth Saturday Feb 20th 1886
4. Place of Birth, (Street and Number) #192 S. Sharp St.
5. Full Name of Mother, Annie Albrecht.
6. Mother's Maiden Name, Annie Hartmann.
7. Mother's Birthplace, Baltimore. Md.
8. Full Name of Father, Louis Albrecht.
9. Father's Occupation, Cigar Maker
10. Father's Birthplace, Baltimore. Md.

Name of Medical Attendant, or other Person who makes this Return. John W. Hartmann.

Address, ~~#192 S. Sharp St.~~ Milley Gross

Remarks, No. 181 York Street

HEALTH DEPARTMENT
FEB 25 1886
BALTIMORE, MD.

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH

85112

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4d

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth, 20 Februar 1886
4. Place of Birth, (Street and Number) No. 9 Etna Lane
5. Full Name of Mother, Amalie Langheim
6. Mother's Maiden Name, Amalie Kledtke
7. Mother's Birthplace, Orgenburg b. Minstberg
8. Full Name of Father, August Langheim
9. Father's Occupation, Cabinettmaker
10. Father's Birthplace, Stattin Polen

Name of Medical Attendant, or other Person who makes this Return Anna Schweikart

Address, No. 57 E. Lombartstr. City

Remarks, noten.

HEALTH DEPARTMENT FEB 24 1886 BALTIMORE, MD.

...nty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

...PRINTERS AND STATIONERS.

RETURN OF A BIRTH 85113

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 20 of February 1886
4. Place of Birth, (Street and Number) No 104 West St
5. Full Name of Mother, Elnora Wheeler
6. Mother's Maiden Name, Elnora Lee
7. Mother's Birthplace, Virginia
8. Full Name of Father, James Wheeler
9. Father's Occupation, Laborer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return, Sabina Greshaber

Address, No 128 West

Remarks,

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH

85114

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
FEB 24 1880
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 20 of February 1888
4. *Place of Birth, (Street and Number)* No 135 Jonson St
5. *Full Name of Mother,* Mary Reile
6. *Mother's Maiden Name,* Mary Fey
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Joseph Reile
9. *Father's Occupation,* Cann maker
10. *Father's Birthplace,* Baltimore Md

Name of Medical Attendant, or other Person who makes this Return Sabina Preshafer

Address, No 128 West St

Remarks,

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH

85115

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) One Child

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* Colored Race

3. *Date of Birth,* Feb 20 1886

4. *Place of Birth, (Street and Number)* No 16 Bradford alley

5. *Full Name of Mother,* Annie M Mburn

6. *Mother's Maiden Name,* Annie Wilson

7. *Mother's Birthplace,* Baltimore

8. *Full Name of Father,* David Mburn

9. *Father's Occupation,* Laborer

10. *Father's Birthplace,* Sumpter County

Name of Medical Attendant, or other Person who makes this Return. Lucinda Woodard

Address, 130 North Regester St

Remarks,

HEALTH DEPARTMENT FEB 23 1886

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

Co., City Printers and Stationers.

RETURN OF A BIRTH

85116

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Feby 20th
4. *Place of Birth, (Street and Number)* 9 Hill St
5. *Full Name of Mother,* Emma Vansant
6. *Mother's Maiden Name,* " Lawton
7. *Mother's Birthplace,* City
8. *Full Name of Father,* John R. Vansant jr
9. *Father's Occupation,* Express Driver
10. *Father's Birthplace,* City

Name of Medical Attendant, or other Person who makes this Return. J C Burch MD

Address, 151 Hanover St

Remarks,

HEALTH DEPARTMENT, JUL 21 1880 BALTIMORE, MD.

Report as certain to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH 85117

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. *Sex, (state whether male or female)* Male

2. *Race or Color, (if not of the white race)*

3. *Date of Birth,* 20 February

4. *Place of Birth, (Street and Number)* 17 Concord St.

5. *Full Name of Mother,* Dora Warner

6. *Mother's Maiden Name,* Braumer

7. *Mother's Birthplace,* Germany

8. *Full Name of Father,* August H Warner

9. *Father's Occupation,* Hogster

10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return. Sarah Casper

Address, 72. E. Lombard st

Remarks,

HEALTH DEPARTMENT FEB 23 1886 BALTIMORE, MD.

& Co., City Printers and Stationers.

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The succeeding document was received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

RETURN OF A BIRTH. 85118

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT FEB 23 1886 BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) second

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth* Feb 20 1886
4. *Place of Birth, (Street and Number)* 16 E Reiman Peace City
5. *Full Name of Mother,* Rosa, Ella Roberts
6. *Mother's Maiden Name,* Rosa Ella Evans
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* George H Roberts
9. *Father's Occupation,* Porter
10. *Father's Birthplace,* Eastern Shore Md.

Name of Medical Attendant, or other Person who makes this Return. Ellen Ferguson

Address, 16 256 Raborg street City

Remarks, None

Reports the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH

85119

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
MAR 5 1886
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* Febry 20th 1886
4. *Place of Birth, (Street and Number)* #4 E Biddle st
5. *Full Name of Mother,* Elizabeth C Dobler
6. *Mother's Maiden Name,* " " Folks
7. *Mother's Birthplace,* Maryland
8. *Full Name of Father,* David Dobler
9. *Father's Occupation,* Collector
10. *Father's Birthplace,* Maryland

Name of Medical Attendant, or other Person who makes this Return. Sam J Belt

Address, 134 N Exeter st

Remarks, City

Report this section to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

Co., City Printers and Stationers.

85120

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Feby. 20, 1886.
4. *Place of Birth, (Street and Number)* Maternité, 164 W. Lombard St.
5. *Full Name of Mother,* Sarah Montgomery
6. *Mother's Maiden Name,* Do
7. *Mother's Birthplace,* Ireland
8. *Full Name of Father,* —
9. *Father's Occupation,* —
10. *Father's Birthplace,* —

Name of Medical Attendant, or other Person who makes this Return. William S. Gardner M.D.

Address, Maternité

Remarks,

HEALTH DEPARTMENT MAR 5 1886 BALTIMORE

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH

85121

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Saturday Feb 25 th 86
4. *Place of Birth, (Street and Number)*	13 E. Madison St.
5. *Full Name of Mother,*	Elizabeth L. McWhirter
6. *Mother's Maiden Name,*	Elizabeth L. Lynch
7. *Mother's Birthplace,*	Balto. Md.
8. *Full Name of Father,*	John J. McWhirter
9. *Father's Occupation,*	Clerk
10. *Father's Birthplace,*	Baltimore Md
Name of Medical Attendant, or other Person who makes this Return	Wilmer Brintow M.D
Address,	Chas St & Forest Place
Remarks,	

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

Co., City Printers and Stationers.

RETURN OF A BIRTH

85122

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, JUL 10 1886 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 st

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* W
3. *Date of Birth,* Jul 21 et 18
4. *Place of Birth, (Street and Number)* 337 N Carolina et
5. *Full Name of Mother,* Susie Butler
6. *Mother's Maiden Name,* Gill
7. *Mother's Birthplace,* Virginia
8. *Full Name of Father,* Joseph Butler
9. *Father's Occupation,* Steamman
10. *Father's Birthplace,* Balto Co Md.

Name of Medical Attendant, or other Person who makes this Return. W B Billingsley

Address, 2280 Preston St

Remarks,

Report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

y & Co., City Printers and Stationers.

RETURN OF A BIRTH

85123

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, JUL 21 1886 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Feby 21st
4. *Place of Birth, (Street and Number)* 111 Saratoga St
5. *Full Name of Mother,* Emma Krauss
6. *Mother's Maiden Name,* " Scherzer
7. *Mother's Birthplace,* City
8. *Full Name of Father,* John W. Krauss
9. *Father's Occupation,* Plumber
10. *Father's Birthplace,* City

Name of Medical Attendant, or other Person who makes this Return. J. C. Burch MD

Address, 151 Hanover St

Remarks,

Report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

& Co., City Printers and Stationers.

RETURN OF A BIRTH

85124

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* February the 21 1886
4. *Place of Birth, (Street and Number)* Fulton st No 57
5. *Full Name of Mother,* Mary Vennone German
6. *Mother's Maiden Name,* Mary Vennone King
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Curtis grant German
9. *Father's Occupation,* Machinist
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return Mrs S Selby

Address, No 797 Pratt st

Remarks,

HEALTH DEPARTMENT MAR 2 1886 BALTIMORE

duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

Y PRINTERS AND STATIONERS.

RETURN OF A BIRTH

85125

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, Feb 21st 1886
4. Place of Birth, (Street and Number) Fort St no number
5. Full Name of Mother, Anne Kinkly
6. Mother's Maiden Name, Reese
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Edward Kinkly
9. Father's Occupation, Florest
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. Elizabeth Jewell

Address, 68 Fort Ave

Remarks,

HEALTH DEPARTMENT
MAR 2 1886
BALTIMORE, MD.

Report as birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

Co., City Printers and Stationers.

RETURN OF A BIRTH.

85126

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Third

1. Sex, (state whether male or female) Harry Bosley Miles Male
2. Race or Color, (if not of the white race)
3. Date of Birth February 21 1886
4. Place of Birth, (Street and Number) 437 E Eager St
5. Full Name of Mother, Barbara M. ~~Ellis~~ Miles
6. Mother's Maiden Name, Spencer
7. Mother's Birthplace, Balto.
8. Full Name of Father, Chas. R. Miles
9. Father's Occupation, Collector
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mary A Allwell

Address, 286 McDonogh St

Remarks, Given name added from affidavit of aunt and insurance policy dated 3/18/15 giving date of birth of Harry Bosley Miles as Feb. 21, 1886 See Document file Jan 18, 1941 [illegible]

HEALTH DEPARTMENT MAR 2 1886 BALTIMORE

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

...hy & Co., City Printers and Stationers

RETURN OF A BIRTH

55121

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
MAR 2 1886
BALTIMORE MD

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st child

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* February 21st 1886

4. *Place of Birth, (Street and Number)* No. 19 canton street canton

5. *Full Name of Mother,* Marion K. Goff

6. *Mother's Maiden Name,* Marion K. Sullens

7. *Mother's Birthplace,* Baltimore City

8. *Full Name of Father,* Thomas Goff

9. *Father's Occupation,* Laborer

10. *Father's Birthplace,* Ireland

Name of Medical Attendant, or other Person who makes this Return. Mrs Sally Sullens

Address, 104 Curleys street

Remarks,

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

Co., City Printers and Stationers.

RETURN OF A BIRTH

85128

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) female

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* February the [illegible]
4. *Place of Birth, (Street and Number)* Baltimore Byrd St No 51
5. *Full Name of Mother,* Mary E Cathell
6. *Mother's Maiden Name,* Roberts
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* James R Cathell
9. *Father's Occupation,* Boler Maker
10. *Father's Birthplace,* Delvar

Name of Medical Attendant, or other Person who makes this Return. Elizabeth Hathorn

Address, light St No 530

Remarks,

HEALTH DEPARTMENT MAY 1 1886 BALTIMORE, MD.

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH

85-129

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, MAY 1 1886 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) ~~2~~ 3

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* February 21
4. *Place of Birth, (Street and Number)* Cross St 218
5. *Full Name of Mother,* Marett Driver
6. *Mother's Maiden Name,* Marett Gibson
7. *Mother's Birthplace,* Patterson Md
8. *Full Name of Father,* William Driver
9. *Father's Occupation,* Labor
10. *Father's Birthplace,* Patterson Md

Name of Medical Attendant, or other Person who makes this Return Sarah Jane Wilson

Address, 255 Mosher St

Remarks,

duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

...TY PRINTERS AND STATIONERS.

NOTICE

The succeeding document was received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

Report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

W. C. O., City

85130

1. Sex. Fm No. of Child of Mother, 3

2. Race or Color, W

3. Date, 21 Feb

4. Place of Birth, No 12 W Baltimore St

5. Full Name of Mother, Mary Burley

6. Mother's Maiden Name, McNally

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Thomas Burley

9 Father's Occupation, Laborer

10 Father's Birthplace, Baltimore

Mrs Mary Horigan
112 Scott St.

A BIRTH 85130

Board of Health, Baltimore City.

HEALTH DEPARTMENT
FEB 25 1880
BALTIMORE MD

RETURN OF A BIRTH 85131

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 25 1886 BALTIMORE MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	14th
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	W
3. *Date of Birth,*	Feb 21st
4. *Place of Birth, (Street and Number)*	Stockholm St
5. *Full Name of Mother,*	Kate Higgins Burns
6. *Mother's Maiden Name,*	"
7. *Mother's Birthplace,*	Ireland
8. *Full Name of Father,*	Thomas Higgins
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	Ireland
Name of Medical Attendant, or other Person who makes this Return	Mary Hennigan
Address,	112 Scott St
Remarks,	

PRINTERS AND STATIONERS

RETURN OF A BIRTH

85133

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
FEB 25 1926
BALTIMORE MD

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Feb 21st 26

4. Place of Birth, (Street and Number) No 72 Parkin St

5. Full Name of Mother. Ella Bell

6. Mother's Maiden Name, " Keck

7. Mother's Birthplace, Baltimore

8. Full Name of Father, John. B. Bell

9. Father's Occupation, Laborer

10. Father's Birthplace. Baltimore

Name of Medical Attendant, or other Person who makes this Return Mrs Mary Hagrigan

Address, No 112 Scott St

Remarks.

PRINTERS AND STATIONERS

RETURN OF A BIRTH

85133

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 21st Feby
4. *Place of Birth, (Street and Number)* 58 Hull St
5. *Full Name of Mother,* Ella V Greacen
6. *Mother's Maiden Name,* Ella V Sheal
7. *Mother's Birthplace,* Balt Co
8. *Full Name of Father,* Ina Greacen Jr
9. *Father's Occupation,* Clerk
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. A M Ettel

Address,

Remarks,

HEALTH DEPARTMENT
FEB 20 86
BALTIMORE MD

[illegible] report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

y & Co., City Printers and Stationers.

RETURN OF A BIRTH

85134

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1
1. *[redacted], (state whether male or female)*	female
2. *Race or Color, (if not of the white race)*	Colored
3. *Date of Birth,*	feb. 21. 1886
4. *Place of Birth, (Street and Number)*	Baltimore Duncan ally
5. *Full Name of Mother*	Ellen. Colbert
6. *Mother's Maiden Name,*	Ellen. Colbert
7. *Mother's Birthplace,*	Baltimore City
8. *Full Name of Father,*	Parrott. Dockser
9. *Father's Occupation,*	Baltimore city
10. *[redacted]ther's Birthplace,*	white Packer
Name of Medical Attendant, or other Person who makes this Return	Ellen. Carson
Address,	No 271 chappel street
Remarks,	

HEALTH DEPARTMENT FEB 20 1886 BALTIMORE MD

PRINTERS AND STATIONERS

85135

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, FEB 23 1886 BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6 th.

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* W.
3. *Date of Birth* Feby 21/86
4. *Place of Birth, (Street and Number)* 150 So. Washington
5. *Full Name of Mother,* Charlotte A. Gilbert
6. *Mother's Maiden Name,* " " Flaherty
7. *Mother's Birthplace,* B.C.
8. *Full Name of Father,* Joseph C. Gilbert
9. *Father's Occupation,* Police Officer Sergeant
10. *Father's Birthplace,* B.C.

Name of Medical Attendant, or other Person who makes this Return. Geo. L. Martin

Address, 77 S. Broadway

Remarks,

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

...hy & Co., City Printers and Stationers.

85136

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1the

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 21 February
4. Place of Birth, (Street and Number) 88 Etrieferton St
5. Full Name of Mother, Kathe Blank
6. Mother's Maiden Name, — Walz
7. Mother's Birthplace, Forchheim Bavaria
8. Full Name of Father, Georg Blank
9. Father's Occupation, Labeln
10. Father's Birthplace, Osterberg Bavaria

Name of Medical Attendant, or other Person who makes this Return. Mrs G. Weiss

Address, 424 Lancaster St.

Remarks,

HEALTH DEPARTMENT, MAR 5 1886 BALTIMORE, MD.

[illegible] report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

[illegible] & Co., City Printers and Stationers.

RETURN OF A BIRTH

85137

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd Child
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	Feby 21/86
4. Place of Birth, (Street and Number)	197 Greenmount Av.
5. Full Name of Mother,	Ida May Leonard
6. Mother's Maiden Name,	" " George
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	J. M. Leonard
9. Father's Occupation,	Machinist
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	R. W. Mansfield M. D.
Address,	50 & 52 Broadway
Remarks,	

HEALTH DEPARTMENT
MAR 5 1886
BALTIMORE, MD.

Any person who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

HEALTH DEPARTMENT
MAR 11 1886
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th
1. *Sex, (state whether male or female)*	Female.
2. *Race or Color, (if not of the white race)*	White.
3. *Date of Birth,*	Feb 21 st 1886.
4. *Place of Birth, (Street and Number)*	137 N Strieker st.
5. *Full Name of Mother,*	Estelle Dulaney.
6. *Mother's Maiden Name,*	Estelle Kennedy.
7. *Mother's Birthplace,*	Balto City.
8. *Full Name of Father,*	Harry S Dulaney.
9. *Father's Occupation,*	Accountant.
10. *Father's Birthplace,*	Balto City.
Name of Medical Attendant, or other Person who makes this Return	John R Pennington M.D.
Address,	134 N Carrollton Av.
Remarks,	

TY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

85159

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
MAR 11 1886
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* February 2/86
4. *Place of Birth, (Street and Number)* 142 S. Ann St
5. *Full Name of Mother,* Lisbeth Kohl
6. *Mother's Maiden Name,* Lapp
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* John Kohl
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs. Louise Kraft.

Address, 142. S. Washington St.

Remarks,

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH

85140

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH OFFICE
MAR 11 188
BALTIMORE MD

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2d
1. *Sex, (state whether male or female)*	Male.
2. *Race or Color, (if not of the white race)*	White.
3. *Date of Birth,*	Feb 21st 1886.
4. *Place of Birth, (Street and Number)*	255 N Carrollton Av.
5. *Full Name of Mother,*	Carrie Milburn.
6. *Mother's Maiden Name,*	Carrie Burgess.
7. *Mother's Birthplace,*	Missouri.
8. *Full Name of Father,*	William G Milburn.
9. *Father's Occupation,*	Merchant.
10. *Father's Birthplace,*	Balto City
Name of Medical Attendant, or other Person who makes this Return	John D Pennington Md.
Address,	134 N Carrollton Av
Remarks,	

duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

TY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

55 141

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d Child

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth.* 22d February
4. *Place of Birth, (Street and Number)* Eastern Ave 331
5. *Full Name of Mother.* Lizzie Ott
6. *Mother's Maiden Name,* Elizabeth Somer
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father.* Henry Ott
9. *Father's Occupation,* Box maker
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs Louisa Wiley

Address, No 12 Patterson Park Avenue

Remarks,

HEALTH DEPARTMENT MAR BALTIMORE MD

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH

85142

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

HEALTH DEPARTMENT
MAR 3 1886
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Third
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	February 22
4. *Place of Birth, (Street and Number)*	Baltimore Claret st No 5
5. *Full Name of Mother,*	Laura Bald
6. *Mother's Maiden Name,*	Laura Miller
7. *Mother's Birthplace,*	Baltimore Md.
8. *Full Name of Father,*	Samuel Bald
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	Baltimore Md.
Name of Medical Attendant, or other Person who makes this Return.	Mrs M. Shaffer
Address,	135 Ridgley st
Remarks,	

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35143

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Wh.
3. *Date of Birth,* Feby 22nd 188[illegible]
4. *Place of Birth, (Street and Number)* 354 Jefferson
5. *Full Name of Mother,* Mary Jane Barnes
6. *Mother's Maiden Name,* Horney
7. *Mother's Birthplace,* Buck. City
8. *Full Name of Father,* Geo. A. Barnes
9. *Father's Occupation,* Carpenter
10. *Father's Birthplace,* Buck City

Name of Medical Attendant, or other Person who makes this Return. E. B. Britton M.D.

Address, 51 S Broadway

Remarks,

HEALTH DEPARTMENT
MAR 3 1886
BALTIMORE, MD.

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

85144

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) [illegible]
3. Date of Birth, Feb 4 86
4. Place of Birth, (Street and Number) 428 [illegible]
5. Full Name of Mother, Lizzie Lonington
6. Mother's Maiden Name, Lizzie Hunter
7. Mother's Birthplace, Germany
8. Full Name of Father, Charles O Penington
9. Father's Occupation, Plasterer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs Brune

Address, No 6 Hunter st Belair Ave

Remarks,

HEALTH DEPARTMENT
MAR 3 1886
BALTIMORE, MD.

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

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851.45

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
MAR 2 1886
BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Seventh

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth 22 February. 1886.

4. Place of Birth, (Street and Number) 144. Clumbia Ave.

5. Full Name of Mother, Rose Sharman.

6. Mother's Maiden Name, Rose Wagner.

7. Mother's Birthplace, Baltimore MD.

8. Full Name of Father, Eward. Sharman.

9. Father's Occupation, Boatsman.

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs E Sheebach.

Address, No 439 W. Pratt. Stat

Remarks,

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

y & Co., City Printers and Stationers.

85146

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, MAR 2 1886 BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Third.

1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race) White.
3. Date of Birth No 22 February 1886
4. Place of Birth, (Street and Number) 62 Viking Street.
5. Full Name of Mother, Karoline Sheback.
6. Mother's Maiden Name, " " Bathera.
7. Mother's Birthplace, " " Germany.
8. Full Name of Father, Evard. Sheback.
9. Father's Occupation, Show Case Maker.
10. Father's Birthplace, Germany.

Name of Medical Attendant, or other Person who makes this Return. Mrs E. Seeback.

Address, No. 132 N. Pratt Street.

Remarks,

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

y & Co., City Printers and Stationers.

RETURN OF A BIRTH

85141

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
MAR 9 1886
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, February the 27th 1886
4. Place of Birth, (Street and Number) Coal st No 4
5. Full Name of Mother, Anny E Welch
6. Mother's Maiden Name, Anny E Spence
7. Mother's Birthplace, Baltimore
8. Full Name of Father, John Welch
9. Father's Occupation, Labor
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Mrs S Kelly

Address, No 797 Pratt St

Remarks,

[illegible] within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

PRINTERS AND STATIONERS.

RETURN OF A BIRTH

85148

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
MAR 2 1886
BALTIMORE MD

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Feb 22/86 Female

2. Race or Color, (if not of the white race)

3. Date of Birth, Feb 22/86

4. Place of Birth, (Street and Number) 72 N George St.

5. Full Name of Mother, Sophia Anderson

6. Mother's Maiden Name, Sophia Bass.

7. Mother's Birthplace, Balto Co

8. Full Name of Father, Ross Anderson

9. Father's Occupation, Painter

10. Father's Birthplace, Balto Co

Name of Medical Attendant, or other Person who makes this Return. J. Miller, M.D.

Address, 188 Franklin St

Remarks,

for each offence to be recovered as other fines and forfeitures are recoverable.

o., City Printers and Stationers.

RETURN OF A BIRTH

85149

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
MAR 7 1886
BALTIMORE, MD

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* white race
3. *Date of Birth,* feuary the 2nd
4. *Place of Birth, (Street and Number)* Baltimore James Alley
5. *Full Name of Mother,* Jinnie Hiett
6. *Mother's Maiden Name,* Snowden
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* James B Hiett
9. *Father's Occupation,* Labor
10. *Father's Birthplace,* virginna

Name of Medical Attendant, or other Person who makes this Return. Elizabeth Hathorn

Address, Light St No 532

Remarks,

Report as [illegible] or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

Co., City Printers and Stationers.

RETURN OF A BIRTH

85150

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 2
2. *Sex, (state whether male or female)* Male
3. *Race or Color, (if not of the white race)*
4. *Date of Birth,* 22nd February 1886
5. *Place of Birth, (Street and Number)* 117 William
6. *Full Name of Mother,* Henrietta Rmark
7. *Mother's Maiden Name.* Lorton
8. *Mother's Birthplace,* Balt
9. *Full Name of Father,* J E Rmark
10. *Father's Occupation,* Ship Carpenter
11. *Father's Birthplace,* Balt
12. *Name of Medical Attendant,* or other Person who makes this Return. H W Mebert
13. *Address,* 101 Barnes
14. *Remarks,*

HEALTH DEPARTMENT MAR 1886 BALTIMORE, MD.

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

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NOTICE

The succeeding document was received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

RETURN OF A BIRTH

85151

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

Sex (state whether male or female) Boy

Race or Color, (if not of the white race) Colored

Date of Birth, February 22.

Place of Birth, (Street and Number) 20 Warren Court city

Full Name of Mother, Mary Elizabeth Jane Trusty

Mother's Maiden Name, Mary Coates

Mother's Birthplace, Virginia

Full Name of Father, Enoch Cummings Trusty

Father's Occupation, Laborer

Father's Birthplace, Baltimore City Md

Name of Medical Attendant, or other Person who makes this Return. Mrs Elizabeth Montgomery

Address, No 124 North Durham Street

Remarks,

HEALTH DEPARTMENT
MAR
BALTIMORE, MD

...ers and Stationers.

RETURN OF A BIRTH

85152

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. *Sex, (state whether male or female)* Male

2. *Race or Color, (if not of the white race)*

3. *Date of Birth,* February 22d 1886

4. *Place of Birth, (Street and Number)* 294 S Dallas st

5. *Full Name of Mother,* Elizabette Strobel

6. *Mother's Maiden Name,* " Lowenstein

7. *Mother's Birthplace,* City

8. *Full Name of Father,* James Strobel

9. *Father's Occupation,* Laborer

10. *Father's Birthplace,* City

Name of Medical Attendant, or other Person who makes this Return. Mrs Elizabette Betz

Address, 120 Bank Sts.

Remarks,

HEALTH DEPARTMENT

Report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH.

85153

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
MAR 1 1886
BALTIMORE, MD.

of the parents, and the maiden name of the mother of such child or children

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3rd
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	Colored
3. Date of Birth	22nd Feb.
4. Place of Birth (Street and Number)	Ohio ave.
5. Full Name of Mother	Sarah Johns
6. Mother's Maiden Name	Sarah Wilson
7. Mother's Birthplace	Balt.
8. Full Name of Father	William Johns
9. Father's Occupation	Laborer
Father's Birthplace	Balt.
Name of Medical Attendant, or other Person who makes this Return.	R. M. Hall
Address	262 Sharp St.
Remarks	

RETURN OF A BIRTH

85154

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
FEB 26 1888
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) girl
2. Race or Color, (if not of the white race) Colored child
3. Date of Birth, 22 of February 1866
4. Place of Birth, (Street and Number) No 32 Forest St
5. Full Name of Mother, Willey ~~Cornish~~ Ballard
6. Mother's Maiden Name, Willey Cornish
7. Mother's Birthplace, Baltimore M D
8. Full Name of Father, William Henry Ballard
9. Father's Occupation, Laker
10. Father's Birthplace, Baltimore M D

Name of Medical Attendant, or other Person who makes this Return Dolphin Tomlin

Address, 134 Chesnut St

Remarks,

duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

Y PRINTERS AND STATIONERS.

RETURN OF A BIRTH

85155

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Brown complexion
3. *Date of Birth,* February 22nd 86
4. *Place of Birth, (Street and Number)* No 66 Myrtle Ave
5. *Full Name of Mother,* Cassie Neal
6. *Mother's Maiden Name,* " Blackwell
7. *Mother's Birthplace,* Northumberland Co. Va.
8. *Full Name of Father,* Watson Neal
9. *Father's Occupation,* Stevedore.
10. *Father's Birthplace,* Cullpeper Co. Va.

Name of Medical Attendant, or other Person who makes this Return. Amelia Johnson

Address, 6 Hamilton St

Remarks,

HEALTH DEPARTMENT
FEB 25 1886
BALTIMORE MD

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH

85156

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

8th

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, ~~(state whether~~ male ~~or female)~~
2. Race or Color, ~~(if not of~~ the white race)
3. Date of Birth. 2, 22, 86.
4. Place of Birth, (Street and Number) 471 W. Fayette
5. Full Name of Mother. Ellen Mary Wigley
6. Mother's Maiden Name, Kelley
7. Mother's Birthplace, Alleghany Co. Md.
8. Full Name of Father, Geo. W. Wigley.
9. Father's Occupation, Tinner
10. Father's Birthplace, Balto

Name of Medical Attendant, or other Person who makes this Return Lewis M Eastman

Address. 349 Lurch

Remarks. Natural

HEALTH DEPARTMENT, FEB 25 1886 BALTIMORE, MD.

duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

TY PRINTERS AND STATIONERS.

85157

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT, FEB 25 1886 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	
3. Date of Birth	Feby 22d 1886
4. Place of Birth (Street and Number)	N. Wolf N. near Monument
5. Full Name of Mother	Martha Sinclair
6. Mother's Maiden Name	Martha Dickey
7. Mother's Birthplace	Balt. City
8. Full Name of Father	Perry Sinclair
9. Father's Occupation	Plumber
10. Father's Birthplace	Balt. City
Name of Medical Attendant, or other Person who makes this Return.	John F. Monmonier M.D.
Address	S.W. Calvert & Read
Remarks	

of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

85158

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second Child

1. *Sex, (state whether male or female)* Little Boy
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 22 of Feb 1880
4. *Place of Birth, (Street and Number)* 913 west Pratt st City
5. *Full Name of Mother,* Mrs. Polsterer
6. *Mother's Maiden Name,* Mein Frederick Emily
7. *Mother's Birthplace,* Lupton Germany
8. *Full Name of Father,* Mr. Polsterer
9. *Father's Occupation,* By trade Polster
10. *Father's Birthplace,* Lupton Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs. Hiller

Address, 1017 west Pratt st

Remarks,

HEALTH DEPARTMENT FEB 86 BALTIMORE MD.

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH

95109

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* Second
2. *Sex, (state whether male or female)* Female
3. *Race or Color, (if not of the white race)* White
4. *Date of Birth,* Feb. 22nd. 86
5. *Place of Birth, (Street and Number)* No. 49 Bayard st
6. *Full Name of Mother,* Katrine Kidgway
7. *Mother's Maiden Name,* " Albert
8. *Mother's Birthplace,* Baltimore Md.
9. *Full Name of Father,* Richard Kidgway
10. *Father's Occupation,* Saloon keeper.
11. *Father's Birthplace,* Philadelphia Penn.
12. *Name of Medical Attendant,* or other Person who makes this Return W J Lemmon
13. *Address,* 50 S. Caroline ave
14. *Remarks,* A very weak child not live

HEALTH DEPART... BALTIMORE MD

within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

PRINTERS AND STATIONERS.

RETURN OF A BIRTH 85160

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 12th.

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) White
3. Date of Birth, Feby. 22nd 1886.
4. Place of Birth, (Street and Number) 30 S Parish
5. Full Name of Mother, Ellen Mary Kelley
6. Mother's Maiden Name, Ellen Mary Harden.
7. Mother's Birthplace, Ireland
8. Full Name of Father, Pgot Kelley
9. Father's Occupation, Stone Cutter
10. Father's Birthplace, Ireland

Name of Medical Attendant, or other Person who makes this Return Jas. M. Craighill

Address, 406 N. Charles St.

Remarks,

HEALTH DEPARTMENT FEB 24 1886 BALTIMORE MD

...Y PRINTERS AND STATIONERS.

85161

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd Child

1. Sex, (state whether male or female) " Boy

2. Race or Color, (if not of the white race) White

3. Date of Birth, 22nd of February 1886

4. Place of Birth, (Street and Number) 400 Corner Orlean and Cassel street.

5. Full Name of Mother, Lively B. Dounce

6. Mother's Maiden Name, Lidy Mc vasslin

7. Mother's Birthplace, Baltimore

8. Full Name of Father, William Mc vasslin

9. Father's Occupation, Laborman

10. Father's Birthplace, Aragan Baltimore County.

Name of Medical Attendant, or other Person who makes this Return. Crescintia Kunkel

Address, 71 North Chapel street per Justina Kunkel.

Remarks, Healthy.

HEALTH DEPARTMENT FEB 24 1886

be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

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85162

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* Feb. 22
4. *Place of Birth, (Street and Number)* Jefferson N 283
5. *Full Name of Mother,* Marie Novak
6. *Mother's Maiden Name,* " " Hajek
7. *Mother's Birthplace,* Bohemia
8. *Full Name of Father,* Joseph Novak
9. *Father's Occupation,* Tailor
10. *Father's Birthplace,* Bohemia

Name of Medical Attendant, or other Person who makes this Return. Josephine Conrad

Address, 20 Barnes St

Remarks,

HEALTH DEPARTMENT, APR 7 1886 BALTIMORE, MD.

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH

85163

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

Sex, (state whether male or female) Female

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* 22 of February

4. *Place of Birth, (Street and Number)* No. 13 Weber St

5. *Full Name of Mother,* Mary Connolly

6. *Mother's Maiden Name,* Mary Morris

7. *Mother's Birthplace,* Baltimore

8. *Full Name of Father,* John Connolly

9. *Father's Occupation,* Tinner

10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Sabina Greshaber

Address, No. 128 West St

Remarks,

HEALTH DEPARTMENT FEB 28 1886 BALTIMORE, MD.

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

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85163 1/2

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7 the

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 22 February
4. *Place of Birth, (Street and Number)* 174 Madayra Ollee
5. *Full Name of Mother,* Mary ~~Ollee~~ Pyrius
6. *Mother's Maiden Name,* — Friedrich
7. *Mother's Birthplace,* Balt
8. *Full Name of Father,* Benjamin Pyrius
9. *Father's Occupation,* Labeln
10. *Father's Birthplace,* Balt.

Name of Medical Attendant, or other Person who makes this Return. Mrs G. Weiss

Address, 424 Lancaster St.

Remarks,

HEALTH DEPARTMENT, MAR 5 1886 BALTIMORE, MD.

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

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Orig

85164

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Florence Saunders Lansey

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6-th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth Feb 22d 1886
4. Place of Birth, (Street and Number) 130 Bethesda Street
5. Full Name of Mother, Deborah Hoonsey
6. Mother's Maiden Name, Deborah Taylor
7. Mother's Birthplace, Balto md.
8. Full Name of Father, Edward Loonsey
9. Father's Occupation, Head Waiter
10. Father's Birthplace, Balto, md.

Name of Medical Attendant, or other Person who makes this Return. Hester Wolance

Address, 39 E. Monument Street

Remarks,

HEALTH DEPARTMENT MAR 5 1886 BALTIMORE MD.

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH.

85165

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, MAR 5 1886 BALTIMORE, MD

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4th
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	Colored
3. *Date of Birth*	Feb 22d 1886
4. *Place of Birth, (Street and Number)*	101 W. Townsend street
5. *Full Name of Mother,*	Martha Johnson
6. *Mother's Maiden Name,*	" Brown
7. *Mother's Birthplace,*	Balto md
8. *Full Name of Father,*	Benjamin Brown
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	Balto md.
Name of Medical Attendant, or other Person who makes this Return.	Healer Botance
Address,	39 Saville Improvement street
Remarks,	

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH. 85166

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	5th
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth*	February 27 1886
4. *Place of Birth, (Street and Number)*	254 Durham St
5. *Full Name of Mother,*	Mary Bolar
6. *Mother's Maiden Name,*	" Tesar
7. *Mother's Birthplace,*	Bohemia
8. *Full Name of Father,*	Anton Tesar
9. *Father's Occupation,*	Sailor
10. *Father's Birthplace,*	Bohemia
Name of Medical Attendant, or other Person who makes this Return.	Josephine Conrad
Address,	20 Barnes St
Remarks,	

HEALTH DEPARTMENT APR 7 1886 BALTIMORE MD.

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH 85167

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (~~state whether male or~~ female)* Female

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* Feb 23rd 1886

4. *Place of Birth, (Street and Number)* 50 Pinkney Place

5. *Full Name of Mother,* Louisa Mary Sanner

6. *Mother's Maiden Name,* Louisa Mary Addel

7. *Mother's Birthplace,* New Orleans La

8. *Full Name of Father,* James Sanner

9. *Father's Occupation,* Machinist

10. *Father's Birthplace,* St Mary Co Md

Name of Medical Attendant, or other Person who makes this Return. Edmund C Gibbs

Address, 136 E Townsend St

Remarks, None

HEALTH DEPARTMENT, MAR 3 1886, BALTIMORE, MD.

report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH.

85168

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT, MAR 3 1886, BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Fourth

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 23rd Feb. 1886
4. *Place of Birth (Street and Number)* 76 S. Broadway
5. *Full Name of Mother* Lucy W. Casey
6. *Mother's Maiden Name* Lucy W. Kimball
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Wm. E. Casey
9. *Father's Occupation* Baker
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. F. T. Benson M.D.

Address 187 Hollins st.

Remarks

of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH

85-169

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7 Child.

1. *Sex, (state whether male or female)* Female.
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Feb 23rd 1886.
4. *Place of Birth, (Street and Number)* No 911 West Pratt St
5. *Full Name of Mother,* Rebecca Schalitzky
6. *Mother's Maiden Name,* " " Lohman
7. *Mother's Birthplace,* Baltimore.
8. *Full Name of Father,* John Schalitzky.
9. *Father's Occupation,* Ice Dealer.
10. *Father's Birthplace,* Baltimore.

Name of Medical Attendant, or other Person who makes this Return. Annie Lindner

Address, No 415 S. Monroe S.

Remarks,

HEALTH DEPARTMENT, MAR 3 1886 BALTIMORE, MD.

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

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85 17 D

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Twenty third month Feb
4. Place of Birth, (Street and Number) 33 Dewberry Alley
5. Full Name of Mother, Mary Quinn
6. Mother's Maiden Name, Mary Hewitt
7. Mother's Birthplace, Tipperary Ireland
8. Full Name of Father, Michael Quinn
9. Father's Occupation, Laborer
10. Father's Birthplace, Tipperary Ireland

Name of Medical Attendant, or other Person who makes this Return. Mrs Ruth Colhour

Address, No 674 W Pratt St

Remarks,

HEALTH DEPARTMENT, MAR 24 1886 BALTIMORE, MD.

Report its birth to the Commissioner of Health, in the manner and in the time, and the report of the birth of the person who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH 85174

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

HEALTH DEPARTMENT MAR 2 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* Feb 23 1885
4. *Place of Birth, (Street and Number)* No 1 Louis Alley
5. *Full Name of Mother,* Louisa Hall
6. *Mother's Maiden Name,* Louisa Hall
7. *Mother's Birthplace,* West River
8. *Full Name of Father,*
9. *Father's Occupation,*
10. *Father's Birthplace,*

Name of Medical Attendant, or other Person who makes this Return. Charlotte Proctor mid Wife

Address, 1910 Carlton st

Remarks,

ny & Co., City Printers and Stationers.

RETURN OF A BIRTH 85192

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (state whether male or female)* Male

2. *Race or Color, (if not of the white race)*

3. *Date of Birth,* Feb 20/86

4. *Place of Birth, (Street and Number)* 369 Lafayette Ave

5. *Full Name of Mother,* Sarah E. Blaney

6. *Mother's Maiden Name,* " " McMachen

7. *Mother's Birthplace,* Md

8. *Full Name of Father,* Arthur J. Blaney

9. *Father's Occupation,* Bricklayer

10. *Father's Birthplace,* Md

Name of Medical Attendant, or other Person who makes this Return. J. H. Adler M.D.

Address, 188 Franklin St

Remarks,

HEALTH DEPARTMENT MAR 2 1886 BALTIMORE MD

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85173

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) the 11 child

1. *Sex, (state whether male or female)* mail
2. *Race or Color, (if not of the white race)* Color
3. *Date of Birth,* Tusday 2 3
4. *Place of Birth, (Street and Number)* preston St 148
5. *Full Name of Mother.* Ar Smith
6. *Mother's Maiden Name,* Ar Tusice
7. *Mother's Birthplace.* Baltimore conty
8. *Full Name of Father,* Sam T Smith
9. *Father's Occupation.* Watter
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Sch Cook

Address, 74 orchu St

Remarks,

HEALTH DEPARTMENT
MAR 9 1826
BALTIMORE, MD.

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

A. L. O. City Printers and Stationers

RETURN OF A BIRTH

85174

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
MAR 11 1898
BALTIMORE, MD

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)*

3. *Date of Birth,* February 24 1898

4. *Place of Birth, (Street and Number)* 426 Lanvaster St.

5. *Full Name of Mother,* Annie Koch

6. *Mother's Maiden Name,* Pole

7. *Mother's Birthplace,* Baltimore

8. *Full Name of Father,* John Koch

9. *Father's Occupation,* Engineer

10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs. Louise Kraft

Address, 142 S. Washington St.

Remarks,

Penalty for persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

Co., City Printers and Stationers.

RETURN OF A BIRTH

85145

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
MAR 11 1886
BALTIMORE MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* 23 February
4. *Place of Birth, (Street and Number)* No 9 Hanover near Monroe
5. *Full Name of Mother,* Lizzie Henry
6. *Mother's Maiden Name,* Lizzie Shaid.
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* H. J. Henry
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Baltimore.

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

, PRINTER & STATIONER, BALT.

NOTICE

The succeeding documents were received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

85176

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* February 23/86
4. *Place of Birth, (Street and Number)* 49 Holland St.
5. *Full Name of Mother,* Mary V. Jordan
6. *Mother's Maiden Name,* " " Hanratta
7. *Mother's Birthplace,* Balto.
8. *Full Name of Father,* Francis J. Jordan
9. *Father's Occupation,* Installment Agent
10. *Father's Birthplace,* Balto.

Name of Medical Attendant, or other Person who makes this Return. Edward [illegible]

Address, 31 Assignee St.

Remarks,

HEALTH DEPARTMENT
MAR 15 1886
BALTIMORE, MD.

Report of birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

Co., City Printers and Stationers.

RETURN OF A BIRTH

85177

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT MAR 1 1896 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) first

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* Colour
3. *Date of Birth,* Tuesday February 23 1896
4. *Place of Birth, (Street and Number)* Balto 33 Canal Alley
5. *Full Name of Mother,* Frances Bands
6. *Mother's Maiden Name,* Frances Groost
7. *Mother's Birthplace,* Anderrandee A A Mde
8. *Full Name of Father,* Ghem Rary Groost
9. *Father's Occupation,* Farm mer
10. *Father's Birthplace,* Anderrandee A A Mde

Name of Medical Attendant, or other Person who makes this Return. Mealie Bands

Address, 277 North Calow St

Remarks,

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

Co. City Printers and Stationers

RETURN OF A BIRTH. 85178

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex*, (state whether male or female) Female
2. *Race or Color*, (if not of the white race) White
3. *Date of Birth* Feb. 23
4. *Place of Birth*, (Street and Number) Elliott N 31
5. *Full Name of Mother*, Mary Kottis
6. *Mother's Maiden Name*, " Kodidek
7. *Mother's Birthplace*, Bohemia
8. *Full Name of Father*, John Kottis
9. *Father's Occupation*, Tailor
10. *Father's Birthplace*, Bohemia

Name of Medical Attendant, or other Person who makes this Return. Josephine Conrad

Address, 20 Barnes N

Remarks,

HEALTH DEPARTMENT APR 7 1886 BALTIMORE, MD.

...hy & Co., City Printers and Stationers.

RETURN OF A BIRTH. 85 179

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 23 of Feb.
4. Place of Birth, (Street and Number) No 6 Holzman court
5. Full Name of Mother, Emma Hoffman
6. Mother's Maiden Name, Emma Crag.
7. Mother's Birthplace, Germey
8. Full Name of Father, Thomas Hoffman
9. Father's Occupation, house Carpenter
10. Father's Birthplace, Germey

Name of Medical Attendant, or other Person who makes this Return. Mrs E. Crag

Address, 1938 Chester st.

Remarks, Healthy Child

HEALTH DEPARTMENT
MAR 2 1896
BALTIMORE MD

Repeat the birth to the Commissioner of Health, or Persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

Co. City Printers and Stationers.

RETURN OF A BIRTH

85180

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)*

3. *Date of Birth,* Feb 23d 18 86

4. *Place of Birth, (Street and Number)* 66 Fort Ave

5. *Full Name of Mother,* Sarah Elizabeth Bowman

6. *Mother's Maiden Name,* Hartlove

7. *Mother's Birthplace,* Baltimore

8. *Full Name of Father,* Philip Henry Bowman

9. *Father's Occupation,* Tinner

10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Elizabeth Yarnell

Address,

Remarks,

HEALTH DEPARTMENT MAR 2 1886 BALTIMORE MD

k Co., City Printers and Stationers.

RETURN OF A BIRTH

85181

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
MAR 2 1886
BALTIMORE MD

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Eighth

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, February 23rd 18

4. Place of Birth, (Street and Number) No 156 Dillon street

5. Full Name of Mother, Catherine Benson

6. Mother's Maiden Name, Catherine Benson

7. Mother's Birthplace, Boston Mass

8. Full Name of Father, Nicholas Benson

9. Father's Occupation, Junk Dealer

10. Father's Birthplace, Sweden

Name of Medical Attendant, or other Person who makes this Return. Mrs Sallye Gullens

Address, 104 Ensley street

Remarks,

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

Co., City Printers and Stationers.

RETURN OF A BIRTH

85182

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) Dollars for each offense to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth, 23 February

4. Place of Birth, (Street and Number) 90 S. Caroline street

5. Full Name of Mother, Margaret Smith

6. Mother's Maiden Name, Conally

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Christian Smith

9. Father's Occupation, Shipping Clerk

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Sarah Casper

Address, 92. E. Lombard street

Remarks,

HEALTH DEPARTMENT MAR 1886 BALTIMORE, MD.

& Co., City Printers and Stationers.

RETURN OF A BIRTH

85183

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3
Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	
3. Date of Birth,	23 February
4. Place of Birth, (Street and Number)	5 High street
5. Full Name of Mother,	Emma White
6. Mother's Maiden Name,	Stout
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	John White
9. Father's Occupation,	Actor
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other Person who makes this Return	Sarah Casper
Address,	20 E. Lombard
Remarks,	

HEALTH DEPARTMENT MAR 1 1886 BALTIMORE, MD.

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

...k Co., City Printers and Stationers.

RETURN OF A BIRTH

85184

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* February 23 1886
4. *Place of Birth, (Street and Number)* Myers St 217
5. *Full Name of Mother,* Sarah Johnson
6. *Mother's Maiden Name,* Sarah Gray
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* John Parker
9. *Father's Occupation,* Labor
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return Sarah Paul Nilson

Address, 252 Thames St

Remarks,

HEALTH DEPARTMENT, MAR 1 1886 BALTIMORE, MD.

should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

ITY PRINTERS AND STATIONERS.

85 185

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, FEB 27 1886 BALTIMORE, MD

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Feby 23rd 1886
4. *Place of Birth, (Street and Number)* 383 W Fayette
5. *Full Name of Mother,* Emma Rundel
6. *Mother's Maiden Name,* " Davis
7. *Mother's Birthplace,* Pa
8. *Full Name of Father,* James B Rundel
9. *Father's Occupation,* Letter Carrier
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Theodore Cooke M.D.

Address, 146 Hanover St

Remarks,

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

& Co., City Printers and Stationers.

85186

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, FEB 27 1886 BALTIMORE MD

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Feby 23 1886
4. *Place of Birth, (Street and Number)* 262 Wm St
5. *Full Name of Mother,* Alvarda Grimmell
6. *Mother's Maiden Name,* " Trifford
7. *Mother's Birthplace,* Va
8. *Full Name of Father,* Jefferson C Grimmell
9. *Father's Occupation,* Capt of Boat
10. *Father's Birthplace,* Va

Name of Medical Attendant, or other Person who makes this Return. Theodore Cooke M.D.

Address, 146 Hanover St

Remarks,

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

& Co., City Printers and Stationers.

RETURN OF A BIRTH

85 / 87

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Feb 23/86
4. *Place of Birth, (Street and Number)* 28 Edmondson ave
5. *Full Name of Mother,* Mary Adalaide Watkins
6. *Mother's Maiden Name,* " " Brice
7. *Mother's Birthplace,* Queen ann Co Md
8. *Full Name of Father,* Charles B. Watkins
9. *Father's Occupation,* Book-Keeper
10. *Father's Birthplace,* Kent Co Md

Name of Medical Attendant, or other Person who makes this Return, Jas. E. Gibbons M.D.

Address, 47 Edmondson ave

Remarks,

HEALTH DEPARTMENT
FEB 27 1886
BALTIMORE, MD.

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

A Co., City Printers and Stationers.

85188

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2d

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth Feby 23d 1886 3 P.M.
4. Place of Birth, (Street and Number) 135 N Shroder St
5. Full Name of Mother, Clara Kane
6. Mother's Maiden Name, Clara Stallings
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Cornelius Kane
9. Father's Occupation, Police Officer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. A. H. Saxton M.D.

Address, 543 Lexington St

Remarks,

HEALTH DEPARTMENT, FEB 25 1886 BALTIMORE, MD.

...he in attendance upon the mother, immediately, hereafter, in the manner and within the period above required, and any such person report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

...phy & Co., City Printers and Stationers.

85189

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
FEB 25 1886
BALTIMORE MD

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* Feb 23 1886
4. *Place of Birth, (Street and Number)* No 246 William St
5. *Full Name of Mother,* Kate Phebus
6. *Mother's Maiden Name,* Kate Covel
7. *Mother's Birthplace,* Frederic Co md
8. *Full Name of Father,* William Phebus
9. *Father's Occupation,* Engineman B & O R R
10. *Father's Birthplace,* Frederic Co md

Name of Medical Attendant, or other Person who makes this Return. Elizott Hinton

Address, No 688 South Charles St

Remarks,

be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

by & Co. City Printers and Stationers

RETURN OF A BIRTH 85190

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th Child.

1. Sex, (state whether male or female) Girl.
2. Race or Color, (if not of the white race) White.
3. Date of Birth, 23rd of February 1880
4. Place of Birth, (Street and Number) 29 North Chapel stret.
5. Full Name of Mother, Annie Beck.
6. Mother's Maiden Name, Annie Weis.
7. Mother's Birthplace, Germany.
8. Full Name of Father, Andreas Weis.
9. Father's Occupation, Laborman.
10. Father's Birthplace, Germany.

Name of Medical Attendant, or other Person who makes this Return. Crescintia Kunkel.

Address, 71 North Chapel stret per Crescintia Kunkel.

Remarks, Healthy.

HEALTH DEPARTMENT FEB 24 1880 BALTIMORE

be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

y & Co., City Printers and Stationers.

RETURN OF A BIRTH

85191

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Sept. 6th

1. *Sex, (state whether male or female)* Male

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* Feb 22

4. *Place of Birth, (Street and Number)* Ridgley st 165

5. *Full Name of Mother,* Mary Hissy

6. *Mother's Maiden Name,* Mary Sammons

7. *Mother's Birthplace,* Baltimore

8. *Full Name of Father,* William Tamos Hissy

9. *Father's Occupation,* Tailor

10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs Bange

Address, 422 Cross street

Remarks,

HEALTH DEPARTMENT FEB 25 1885 BALTIMORE MD

& Co., City Printers and Stationers.

RETURN OF A BIRTH

85192

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6th
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	23rd of February 1886
4. *Place of Birth, (Street and Number)*	408 W. Fayette St
5. *Full Name of Mother,*	Margaret Elizabeth Coale
6. *Mother's Maiden Name,*	" " Young
7. *Mother's Birthplace,*	Catonsville Balto. Co.
8. *Full Name of Father,*	Edward T. Coale
9. *Father's Occupation,*	Employ Harris Distilling Co
10. *Father's Birthplace,*	Baltimore Maryland.
Name of Medical Attendant, or other Person who makes this Return.	Susan Hunter
Address,	21 N. Poppleton St
Remarks,	

HEALTH DEPARTMENT
MAR 3 1886
BALTIMORE, MD.

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

& Co., City Printers and Stationers.

RETURN OF A BIRTH

85193

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPART
MAR 3 1886
BALTIMORE MD

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 24 Feb. 1886
4. Place of Birth, (Street and Number) 1 Miller St
5. Full Name of Mother, Pauline Taylor
6. Mother's Maiden Name, " Haas
7. Mother's Birthplace, Balt. Md.
8. Full Name of Father, John Joseph Taylor
9. Father's Occupation, Clerk
10. Father's Birthplace, Balt. Md.

Name of Medical Attendant, or other Person who makes this Return. Mrs Rose Ulrich

Address, 48 Holland St

Remarks, Balt.

be in attendance upon the mother, shall report, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

y & Co., City Printers and Stationers.

RETURN OF A BIRTH 85194

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Ele third

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* All Lite
3. *Date of Birth,* Feb th 24
4. *Place of Birth, (Street and Number)* Belair Ave
5. *Full Name of Mother,* Catherine Seder
6. *Mother's Maiden Name,* Catherine Sinkont
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* John Seder
9. *Father's Occupation,* Beer Driver
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs Brune

Address, No 6 Chester st Belair Ave

Remarks,

HEALTH DEPARTMENT
MAR 3 1886
BALTIMORE, MD.

be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

y & Co., City Printers and Stationers.

NOTICE

The succeeding documents were received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

RETURN OF A BIRTH 85195

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Feb 24th 1886
4. *Place of Birth, (Street and Number)* 6 Pine St
5. *Full Name of Mother,* Caroline Seidlich
6. *Mother's Maiden Name,* Caroline Keltz
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Fredrick Seidlich
9. *Father's Occupation,* Baker
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs A Wiesenzehl

Address, 123 Mosher St

Remarks,

HEALTH DEPARTMENT MAR 9 1886 BALTIMORE MD

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

City Printers and Stationers

RETURN OF A BIRTH

85196

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Feb 24 ~~th~~ 1886
4. *Place of Birth, (Street and Number)* 2 E Sarah Ann St
5. *Full Name of Mother,* Annie Pollack
6. *Mother's Maiden Name,* Annie Booth
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Geo Pollack
9. *Father's Occupation,* Iron Moulder
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return. Geo A Mesenzehl

Address, 123 Mosher St

Remarks,

HEALTH DEPARTMENT MAR 9 1886 BALTIMORE

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

85197

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
APR 7 1886
BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3 d
1. *Sex*, (state whether male or female)	Male
2. *Race or Color*, (if not of the white race)	White
3. *Date of Birth*	Febr. 24
4. *Place of Birth*, (Street and Number)	Abbott A. 4
5. *Full Name of Mother*,	Magie Coop
6. *Mother's Maiden Name*,	" Krokanz
7. *Mother's Birthplace*,	Balto
8. *Full Name of Father*,	James Coop
9. *Father's Occupation*,	Laborer
10. *Father's Birthplace*,	Balto.
Name of Medical Attendant, or other Person who makes this Return.	Josephine Conrad
Address,	20 Barnes St
Remarks,	

be in attendance upon the mother, Immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

urphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

85198

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of Child: Charles Frederick Schnappinger Jr.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male (Female)
2. Race or Color, (if not of the white race)
3. Date of Birth, February 24th 1886.
4. Place of Birth, (Street and Number) 250 Hanover Street.
5. Full Name of Mother, Maggie Schnappinger
6. Mother's Maiden Name, Maggie Gischel
7. Mother's Birthplace, Brooklyn, Anne Arundel County.
8. Full Name of Father, Charles Frederick Schnappinger
9. Father's Occupation, Printer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. Augusta Bosieu

Address, 255 South Sharp Street.

Remarks, Charles Frederick Schnappinger
250 Hanover Street.

HEALTH DEPARTMENT
MAR 15 1886
BALTIMORE, MD.

report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

85199

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1 ~~Mother~~ Number 1

1. Sex (state whether Male or Female) Boy

2. Race or Color (if not of the white race) Colored

3. Date of Birth 24

4. Place of Birth (Street and Number) Number 50 shaft alley

5. Full Name of Mother Olivia Matthews

6. Mother's Maiden Name

7. Mother's Birthplace Baltimore

8. Full Name of Father I Dont No

9. Father's Occupation I Dont No

10. Father's Birthplace ~~Indiana~~ Burmel

Name of Medical Attendant, or other Person who makes this Return. Miss Trip

Address 101 Chestnut alley

Remarks Not emy

HEALTH DEPARTMENT
MAR 2 1886
BALTIMORE

NOTICE

The succeeding documents were received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

85200

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 24 of Feb.
4. Place of Birth, (Street and Number) No 248 N. Gay Street
5. Full Name of Mother, Mary Bell Gittings
6. Mother's Maiden Name, " Bell Carroll
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Edward Carroll
9. Father's Occupation, Painter
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return, Mary Walters

Address, 125 N Carolina St.

Remarks, Balto Md

HEALTH DEPARTMENT MAR 2 1896 BALTIMORE

...e in attendance upon the mother, immediately thereafter, to send the same and within the period above required, and any such person report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

...y & Co., City Printers and Stationers.

RETURN OF A BIRTH

85201

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
MAR 2 1886
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Black
3. *Date of Birth,* Feb. 24th 1886
4. *Place of Birth, (Street and Number)* 174 Sarah Ann St
5. *Full Name of Mother,* Louisa Williams
6. *Mother's Maiden Name,* Louisa Nichols
7. *Mother's Birthplace,* Easton, Md
8. *Full Name of Father,* Robert Williams
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Kent Island, Md.

Name of Medical Attendant, or other Person who makes this Return A. T. Norris M.D.

Address, 93 Harlem Ave

Remarks,

LANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

85202

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	24th Feby 1886
4. *Place of Birth, (Street and Number)*	613 W Lombard St
5. *Full Name of Mother,*	Nona Marburger
6. *Mother's Maiden Name,*	Webster
7. *Mother's Birthplace,*	Bal.
8. *Full Name of Father,*	Charles Marburger
9. *Father's Occupation,*	
10. *Father's Birthplace,*	Bal.
Name of Medical Attendant, or other Person who makes this Return.	H W Webster
Address,	101 Bank St
Remarks,	

HEALTH DEPARTMENT MAR 1 1886 BALTIMORE, MD.

Report its birth to the Commissioner of Health, in the manner and within the period above required, and any and every of persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH

85203

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
MAR 1 1888
BALTIMORE

No. of Child of Mother, (state whether 1st, ~~2d~~, ~~3d~~ &c.) .....

1. Sex, (state whether ~~male~~ or female) .....
2. Race or ~~Color~~, (if ~~not of the white race~~) White
3. Date of Birth, Feby 24th 1888
4. Place of Birth, (Street and Number) East Fayette St (Extended)
5. Full Name of Mother, Annie M Brown
6. Mother's Maiden Name, ...
7. Mother's Birthplace, Washington D. C.
8. Full Name of Father, Unknown
9. Father's Occupation, Unknown
10. Father's Birthplace, Unknown

Name of Medical Attendant, or other Person who makes this Return. Miss Ellen L Wells

Address, East Fayette Street

Remarks, ...

.....

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

Co., City Printers and Stationers.

85204

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, FEB 27 1886 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Feby 24 1886
4. *Place of Birth, (Street and Number)* 14 Johnson St
5. *Full Name of Mother,* Clara J. Lamphor
6. *Mother's Maiden Name,* " " Loston
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Conrad Lamphor
9. *Father's Occupation,* Glass Blower
10. *Father's Birthplace,* N Jersey

Name of Medical Attendant, or other Person who makes this Return. Theodore Cooke M.D.

Address, 14 Hanover St pa 2 & 3

Remarks,

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

& Co., City Printers and Stationers.

RETURN OF A BIRTH.

15 205

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT, FEB 27 1886 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th.

1. *Sex (state whether male or female)* Female.
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 24th Feb 1886
4. *Place of Birth (Street and Number)* 374 Nth Gay St
5. *Full Name of Mother* Domenica Ronca.
6. *Mother's Maiden Name*
7. *Mother's Birthplace* Cicely Italy.
8. *Full Name of Father* Nazzareno Ronca.
9. *Father's Occupation* Barber
10. *Father's Birthplace* Cicely Italy.

Name of Medical Attendant, or other Person who makes this Return. Mrs. C. Lanahan

Address 374 Mc Donough

Remarks Doing well

They do not understand English.

name of the mother of such child or children.

RETURN OF A BIRTH

85206

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT, FEB 25 1886 BALTIMORE MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	Colored
3. *Date of Birth,*	Feby 24th - 86
4. *Place of Birth, (Street and Number)*	11 N Wolfe
5. *Full Name of Mother,*	Mary E Thomas
6. *Mother's Maiden Name,*	Mary E Wright
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Chas Thomas
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other Person who makes this Return	Daniel V Mayer MD
Address,	192 Aisquith St City
Remarks,	

NY & CO., CITY PRINTERS AND STATIONERS

NOTICE

The succeeding document was received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

RETURN OF A BIRTH

85207

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, FEB 26 1886 BALTIMORE, MD

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 6

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth.* Feb. 22, 1886
4. *Place of Birth, (Street and Number)* Lanvale St. No. 453
5. *Full Name of Mother,* Maggie E. Tennison
6. *Mother's Maiden Name,* Maggie E. Bugh
7. *Mother's Birthplace,* Philadelphia Pa
8. *Full Name of Father,* Wm. B. Tennison
9. *Father's Occupation,* Travelling Agent
10. *Father's Birthplace,* St. Marys Co. Md

Name of Medical Attendant, or other Person who makes this Return L. E. Spanow M.D.

Address, 279 N. Mount Street

Remarks,

Duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

PRINTERS AND STATIONERS.

CERTIFICATE CORRECTED 2-6-87

85208

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
FEB 25 1886
BALTIMORE, MD

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d Sallie V.

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Feb ~~24~~ 23rd 1886

4. Place of Birth, (Street and Number) No 3 Patapsco Ave

5. Full Name of Mother, Amelia ~~Rowley~~ Rowley

6. Mother's Maiden Name, Amelia Baird

7. Mother's Birthplace, Baltimore Co Md

8. Full Name of Father, Edward ~~Rowley~~ Rowley

9. Father's Occupation, Paper Hanger

10. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other Person who makes this Return. E. Hinton

Address, No 658 South Charles St

Remarks,

report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH

85209

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3d
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Feb. 24th
4. *Place of Birth, (Street and Number)*	173 N. Pace St.
5. *Full Name of Mother,*	Mary C. Byrne
6. *Mother's Maiden Name,*	Mary C. Myers
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Robt C. Byrne
9. *Father's Occupation,*	Cigar maker
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	F. Jenkins
Address,	2 Cathedral St.
Remarks,	

HEALTH DEPARTMENT, FEB 25 1886 BALTIMORE, MD.

[illegible] report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH

82510

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, MAR 4 1886 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First Stillborn

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, February 24th 1886
4. Place of Birth, (Street and Number) 67 Eden Street
5. Full Name of Mother, Male Krome
6. Mother's Maiden Name, " Heol
7. Mother's Birthplace, Russia
8. Full Name of Father, Jacob Krome
9. Father's Occupation, Presser
10. Father's Birthplace, Russia

Name of Medical Attendant, or other Person who makes this Return. E Scherman

Address, Albemarle st N 26

Remarks,

Report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH

852 11

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Feb. 24th /86
4. *Place of Birth, (Street and Number)* 123 Gough St.
5. *Full Name of Mother,* Katie Elizabeth Cooper
6. *Mother's Maiden Name,* Nash
7. *Mother's Birthplace,* City
8. *Full Name of Father,* James Edward Cooper
9. *Father's Occupation,* Car Maker
10. *Father's Birthplace,* City

Name of Medical Attendant, or other Person who makes this Return. E. P. Irons M.D.

Address, 375 E. Balto. St.

Remarks,

HEALTH DEPARTMENT, MAR 1886 BALTIMORE MD.

be in attendance upon the mother, immediately thereafter it shall become the duty of the person to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH.

85 212

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
1. Sex (state whether ~~Male or~~ Female)	
2. Race or Color (if not of the white race)	White
3. Date of Birth	February 25 1886
4. Place of Birth (Street and Number)	
5. Full Name of Mother	Mrs Fitzsimmons
6. Mother's Maiden Name	Not Known
7. Mother's Birthplace	Not Known
8. Full Name of Father	James Fitzsimmons
9. Father's Occupation	Baker
10. Father's Birthplace	Not Known
Name of Medical Attendant, or other Person who makes this Return.	T. P. McCormick M.D.
Address	No. 451 Eutaw Place
Remarks	

NOTICE

The succeeding document was received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

85213

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, MAR 4 1886 BALTIMORE MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Second.

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* Feb 25th 1886
4. *Place of Birth, (Street and Number)* 840 Hamburg st
5. *Full Name of Mother,* Kizzah T Mariner
6. *Mother's Maiden Name,* Kizzah T Jennings
7. *Mother's Birthplace,* Edenton N. Carolina
8. *Full Name of Father,* Winfield S Mariner
9. *Father's Occupation,* Plumber.
10. *Father's Birthplace,* Somerset Co Md.

Name of Medical Attendant, or other Person who makes this Return. Mrs M. A Cottrell

Address, 3 98 Cross st

Remarks,

be in attendance upon the mother, immediately thereafter it shall become the duty of the person, or persons who shall hereafter report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

rphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

85214

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race)
3. Date of Birth, Feby. 25th 1886
4. Place of Birth, (Street and Number) 427 Cross St.
5. Full Name of Mother, Emma Cragg.
6. Mother's Maiden Name, " Wiessner.
7. Mother's Birthplace, Balto City.
8. Full Name of Father, John Isaac Cragg.
9. Father's Occupation, Glassblower.
10. Father's Birthplace, Balto. City.

Name of Medical Attendant, or other Person who makes this Return. R. J. N. Tall, M.D.

Address, 1528 Sharp St.

Remarks,

HEALTH DEPARTMENT
MAR 4 1886
BALTIMORE MD

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH.

85215

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recovered.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)*

3. *Date of Birth* Feb. 25 1886

4. *Place of Birth, (Street and Number)* 26 Bank St.

5. *Full Name of Mother,* Alice R. McGraw

6. *Mother's Maiden Name,* McSherry

7. *Mother's Birthplace,* Danvill Pa.

8. *Full Name of Father,* Jerry J. McGraw

9. *Father's Occupation,* Laborer

10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mary Stein

Address, 121 E Pratt St.

Remarks,

HEALTH DEPARTMENT, MAR 4 1886 BALTIMORE, MD.

hy & Co., City Printers and Stationers.

RETURN OF A BIRTH.

#52216

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

HEALTH DEPARTMENT, MAR 4 1886 BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth* Feb. 25 1886
4. *Place of Birth, (Street and Number)* 192 E. Pratt St.
5. *Full Name of Mother,* Rebecca Harz
6. *Mother's Maiden Name,* Adler
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Moses Harz
9. *Father's Occupation,* Wagon-Driver
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mary Stein

Address, 157 E Pratt St.

Remarks,

hy & Co., City Printers and Stationers.

RETURN OF A BIRTH

85217

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, MAR 4 1886 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, Feb. 25th
4. Place of Birth, (Street and Number) 29 Sarahann st
5. Full Name of Mother, Mary Barnes
6. Mother's Maiden Name, " " Williams
7. Mother's Birthplace, Baltimore City
8. Full Name of Father, Williams Barnes
9. Father's Occupation, Labour
10. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other Person who makes this Return. Annie Johnson

Address, 94 Tyson street

Remarks.

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

& Co., City Printers and Stationers.

RETURN OF A BIRTH. 85218

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* Colard
3. *Date of Birth* feb 25th 1886
4. *Place of Birth, (Street and Number)* 173 Perry st
5. *Full Name of Mother,* Harriet Brown
6. *Mother's Maiden Name,* Harriet Johnson
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Greome Johnson
9. *Father's Occupation,* Muscter
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Scholatie Williams

Address, 164 S Howard St

Remarks, five dollars

HEALTH DEPARTMENT, MAR 15 1886 BALTIMORE MD.

urphy & Co., City Printers and Stationers.

RETURN OF A BIRTH 85219

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	Feb. 25. 1886
4. Place of Birth, (Street and Number)	372 Hanover St
5. Full Name of Mother,	Emma Northe
6. Mother's Maiden Name,	Emma Fowler
7. Mother's Birthplace,	Calvert Co Md
8. Full Name of Father,	John Northe
9. Father's Occupation,	Brush Maker
10. Father's Birthplace,	Baltimore City
Name of Medical Attendant, or other Person who makes this Return.	H E B Noble Md
Address,	30 Harrow av
Remarks,	

HEALTH DEPT. MAR 15 BALTIMORE

Co. City Printers and Stationers

RETURN OF A BIRTH 85 220

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
FEB 25 1886
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Sixth (6th)

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, February 25th 1886
4. Place of Birth, (Street and Number) No. 221 North Chester Street
5. Full Name of Mother, Mrs. Annie Hubbard
6. Mother's Maiden Name, Miss Annie Conley
7. Mother's Birthplace, England
8. Full Name of Father, Mr. John Hubbard
9. Father's Occupation, Bricklayer
10. Father's Birthplace, Virginia

Name of Medical Attendant, or other Person who makes this Return. Wm H. Clendinen M.D.

Address, No. 102 North Broadway

Remarks,

Report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH 85221

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
FEB 26 1885
BALTIMORE MD

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2d
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Feb 25 1885
4. *Place of Birth, (Street and Number)*	No 5 Pennsylvania Ave
5. *Full Name of Mother,*	Jennie Fort
6. *Mother's Maiden Name,*	Jennie Davis
7. *Mother's Birthplace,*	Russia
8. *Full Name of Father,*	Harris Davis
9. *Father's Occupation,*	Tailor
10. *Father's Birthplace,*	Russia
Name of Medical Attendant, or other Person who makes this Return	A Friedenwald M.D.
Address,	88 N. Eutaw Street
Remarks,	

PRINTERS AND STATIONERS

RETURN OF A BIRTH.

85222

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Col.
3. *Date of Birth* Feby 20 '86
4. *Place of Birth, (Street and Number)* 16 B So. Dallas
5. *Full Name of Mother,* America A. Boulden
6. *Mother's Maiden Name,* " " Smith
7. *Mother's Birthplace,* Md.
8. *Full Name of Father,* Robt. M. B. Boulden
9. *Father's Occupation,* Driver
10. *Father's Birthplace,* Va.

Name of Medical Attendant, or other Person who makes this Return. Geo. L. Wilkins

Address, 77 S. Broadway

Remarks, Instrumental Delivery

HEALTH DEPARTMENT, FEB 27 1886 BALTIMORE, MD.

be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

rphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

85223

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Feby. 25 1886
4. *Place of Birth, (Street and Number)* Saratoga & Rock
5. *Full Name of Mother,* Julia Kraft
6. *Mother's Maiden Name,* Julia Lyndes
7. *Mother's Birthplace,* Ructo. Md.
8. *Full Name of Father,* Joseph Kraft
9. *Father's Occupation,* Iron Moulder
10. *Father's Birthplace,* Rulto. Md.

Name of Medical Attendant, or other Person who makes this Return D. D. Harris M.D.

Address, 538 N. Fayette St.

Remarks,

HEALTH DEPARTMENT
FEB 27 1886
BALTIMORE, MD.

be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH

95229

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

should no other person be in attendance upon the mother, immediately thereafter, it shall be the duty of the parent or parents of such child to report its birth to the Board of Health, in the city within the period above required, except in the cases of the births and deaths of illegitimate children any person or persons who shall hereafter fail to comply with the provisions of this section shall be s to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1 first
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	Colored
3. *Date of Birth,*	25 of February
4. *Place of Birth, (Street and Number)*	11 Laymans Alley
5. *Full Name of Mother,*	Alveta Calhoun deceased
6. *Mother's Maiden Name,*	Alveta Calhoun
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Edward Bowen
9. *Father's Occupation,*	Musician
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other Person who makes this Return	Mary Jane Richardson
Address,	212 Stover Street
Remarks,	

HEALTH DEPARTMENT MAR 1 1894 BALTIMORE MD

CITY PRINTERS AND STATIONERS.

NOTICE

The succeeding document was received in the same condition and microfilmed as shown.

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RETURN OF A BIRTH

852 25

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
MAY 2 1886
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Color
3. *Date of Birth,* 25
4. *Place of Birth, (Street and Number)* Lowe St no 42
5. *Full Name of Mother,* Bebaber Wilson
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Bebaber Miller
8. *Full Name of Father,* Samuel Wiles
9. *Father's Occupation,* Porter
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return

Address, H H Smith no 100 Mulberry St

Remarks,

...ANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH 85226

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male ~~or female~~)
2. Race or Color, (if not of the white race)
3. Date of Birth, 25th Feb
4. Place of Birth, (Street and Number) Baltimore No 240 Hamburg st
5. Full Name of Mother, Magaret Anna Stradtman
6. Mother's Maiden Name, Creamer
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, Geo Stradtman
9. Father's Occupation, Tin & Sheet iron worker
10. Father's Birthplace, Harford County Md

Name of Medical Attendant, or other Person who makes this Return. M Munch

Address, 1 Leadenhall St

Remarks,

HEALTH DEPARTMENT
MAR 9 1905
BALTIMORE MD.

be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

y & Co., City Printers and Stationers.

RETURN OF A BIRTH

85227

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Second
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	February 25th 1886
4. *Place of Birth, (Street and Number)*	4 Cannon Street
5. *Full Name of Mother,*	Mrs Birdie L. Zilke
6. *Mother's Maiden Name,*	Birdie L. Vaindes
7. *Mother's Birthplace,*	Virginia
8. *Full Name of Father,*	Augustus Zilke
9. *Father's Occupation,*	Baker
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other Person who makes this Return.	Mrs R. L. Garrett
Address,	No 65 N. Burke St
Remarks,	

y & Co., City Printers and Stationers.

RETURN OF A BIRTH

85228

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Henry Frederick Herman Hoffmann

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Third
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	February 23rd 1886
4. *Place of Birth, (Street and Number)*	161 Carlton Street
5. *Full Name of Mother,*	Ella Hoffmann
6. *Mother's Maiden Name.*	Ella Bentz
7. *Mother's Birthplace,*	Carroll County
8. *Full Name of Father,*	Henry Hoffmann
9. *Father's Occupation,*	Baker
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Mrs R. A. Garrett
Address,	No 65 Burke St
Remarks,	GIVEN NAME ADDED 1-16-54 L.M.

HEALTH DEPARTMENT

In attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

y & Co., City Printers and Stationers.

RETURN OF A BIRTH

85229

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, February 25th 1886

4. Place of Birth, (Street and Number) 210 W Biddle St

5. Full Name of Mother, Sarah Jane McKinnie

6. Mother's Maiden Name, Sadler

7. Mother's Birthplace, Baltimore City

8. Full Name of Father, James McKinnie

9. Father's Occupation, Machinist

10. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other Person who makes this Return Marbury Brown MD

Address, 68 McCulloh St.

Remarks,

HEALTH DEPARTMENT, MAR 2 1886 BALTIMORE, MD.

CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

85230

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
MAR 2 1886
BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* 25 February 1886.
4. *Place of Birth, (Street and Number)* 130 Ramsey street
5. *Full Name of Mother,* Carrie Louisa Wilson
6. *Mother's Maiden Name,* Carrie Lou Ard
7. *Mother's Birthplace,* Baltimore M D.
8. *Full Name of Father,* Robert J. Wilson
9. *Father's Occupation,* Car Driver
10. *Father's Birthplace,* Baltimore M D.

Name of Medical Attendant, or other Person who makes this Return. Mrs C. Seebach

Address, No 437 W. Prot. Street

Remarks,

birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, of should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

urphy & Co., City Printers and Stationers.

RETURN OF A BIRTH 85231

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, February 25th "

4. Place of Birth, (Street and Number) 104 Little Green St

5. Full Name of Mother, Margaret McCaghey

6. Mother's Maiden Name, Margaret Ingram

7. Mother's Birthplace, Ireland

8. Full Name of Father, William Henry McCaghey

9. Father's Occupation, Clerk (Camden Station)

10. Father's Birthplace, Portadown, County Armagh Ireland

Name of Medical Attendant, or other Person who makes this Return. Mrs Alifer

Address, 24 Columbia Ave

Remarks,

HEALTH DEPARTMENT
MAR 3 1886
BALTIMORE, MD.

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RETURN OF A BIRTH

85232

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
MAR 3 1886
BALTIMORE MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 25 Feb. 1886
4. *Place of Birth, (Street and Number)* 133 Low St
5. *Full Name of Mother,* Mary Jimison
6. *Mother's Maiden Name,* " Harner
7. *Mother's Birthplace,* Balt. Md
8. *Full Name of Father,* Anthony Jimison
9. *Father's Occupation,* Machinist
10. *Father's Birthplace,* Balt. Md.

Name of Medical Attendant, or other Person who makes this Return. Mrs. Rose Ullig

Address, 48 Holland St

Remarks, Balt

certificate between the first and third day of each and every month to the Chief of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

...rphy & Co., City Printers and Stationers.

85233

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, MAR 5 1886, BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6c

1. *Sex, (state whether male or female)*
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Feb 25/86
4. *Place of Birth, (Street and Number)* 17 N. Fremont St
5. *Full Name of Mother,* Veronica Korb
6. *Mother's Maiden Name,* " Emerine
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Jno Wm Korb
9. *Father's Occupation,* Salesman
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. A. L. Skiarthw

Address, 38 W. Lombard St

Remarks,

birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

85234

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	8th
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	July 25
4. Place of Birth, (Street and Number)	532 Hanover St
5. Full Name of Mother,	Annie East
6. Mother's Maiden Name,	" Gibson
7. Mother's Birthplace,	City
8. Full Name of Father,	Robt. P. East
9. Father's Occupation,	Engineer
10. Father's Birthplace,	Ireland
Name of Medical Attendant, or other Person who makes this Return.	J. C. Bender M.D.
Address,	151 Hanover St
Remarks,	

HEALTH DEPARTMENT, JUL 31 1886 BALTIMORE, MD.

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

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85235

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Feb. 25th 86
4. *Place of Birth, (Street and Number)* #97 = ~~[illegible]~~ # [illegible] Conway St.
5. *Full Name of Mother,* Katie Borcherding
6. *Mother's Maiden Name,* " Luebge
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Henry Borcherding
9. *Father's Occupation,* Restaurant
10. *Father's Birthplace,* Prussia

Name of Medical Attendant, or other Person who makes this Return. Mary Kroh

Address, #328 L. Eutaw St.

Remarks,

HEALTH DEPARTMENT, MAR 3 1886 BALTIMORE, MD.

be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH 85236

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, July 26th 1900

4. Place of Birth, (Street and Number) 131 Hudson St.

5. Full Name of Mother, Annie

6. Mother's Maiden Name, Widner

7. Mother's Birthplace, Baltimore Md

8. Full Name of Father, Abraham

9. Father's Occupation, Laborer

10. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other Person who makes this Return. E. Williams M.D.

Address, 533 Eleventh St.

Remarks,

HEALTH DEPARTMENT MAR 11 1900 BALTIMORE, MD.

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH

85237

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

GIVEN NAME ADDED 12-9-53

Name: Howard Paul O'Donnell

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth February 26th 1886.

4. Place of Birth, (Street and Number) #297 N Eden Street

5. Full Name of Mother Amelia J O'Donnell

6. Mother's Maiden Name, Amelia Hennaway

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Jas J O'Donnell

9. Father's Occupation, Mill Wright

10. Father's Birthplace, Maryland

Name of Medical Attendant, or other Person who makes this Return Saml F O'Donnell MD

Address, #29 Aisquith Street

Remarks,

HEALTH DEPARTMENT MAR 1886 BALTIMORE, MD

PRINTERS AND STATIONERS

RETURN OF A BIRTH

85238

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

HEALTH DEPARTMENT, MAR 12 1886, BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth. Feb 26/86

4. Place of Birth, (Street and Number) 170 W Lombard St.

5. Full Name of Mother, Bella Sidenberg

6. Mother's Maiden Name, Bella Cronenberg

7. Mother's Birthplace, Russia

8. Full Name of Father, Sedick Sidenberg

9. Father's Occupation, Tailor

10. Father's Birthplace, Russia

Name of Medical Attendant, or other Person who makes this Return, Wm R Goldsmith

Address, 87 Shaw St

Remarks,

BY PRINTERS AND STATIONERS.

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RETURN OF A BIRTH

85239

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* February
4. *Place of Birth, (Street and Number)* 37 N. Front
5. *Full Name of Mother,* Mary E. Mullin
6. *Mother's Maiden Name,* " " Quinn
7. *Mother's Birthplace,* Balto.
8. *Full Name of Father,* Thomas J. Mullin
9. *Father's Occupation,* Boiler maker
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Edward P. McDevitt

Address, 24 Cresswell St

Remarks,

HEALTH DEPARTMENT MAR 15 1886 BALTIMORE, MD.

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH

85240

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. *Sex, (state whether male or female)* female

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* 26 February 1886

4. *Place of Birth, (Street and Number)* 69 Ramsey St.

5. *Full Name of Mother,* Cate Koch

6. *Mother's Maiden Name,* Cate Stieber

7. *Mother's Birthplace,* Philadelphia Pa.

8. *Full Name of Father,* Ferdinand Koch

9. *Father's Occupation,* Wood Carver

10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return Mrs Annie L Saunders

Address, 60 N Schroeder St

Remarks,

HEALTH DEPARTMENT
MAR 16 1886
BALTIMORE, MD.

& Co., City Printers and Stationers.

85241

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White.
3. Date of Birth, 26. of Februar
4. Place of Birth, (Street and Number) Baltimore. 494 West Pratt St.
5. Full Name of Mother, Christine Gerst.
6. Mother's Maiden Name, Christine Ermold
7. Mother's Birthplace, Jagsthausen Württenberg German
8. Full Name of Father, Fabian Gerst
9. Father's Occupation, Schmucker
10. Father's Birthplace, Weiperz Corkesen German

Name of Medical Attendant, or other Person who makes this Return. ~~60 N. Schroeder St.~~

Address, Mrs Dunnler.

Remarks, 60. N. Schroeder St.

HEALTH DEPARTMENT MAR 16 1826 BALTIMORE, MD.

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

& Co., City Printers and Stationers.

RETURN OF A BIRTH 85242

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6th.
1. Sex, (state whether male or female)	Female.
2. Race or Color, (if not of the white race)	White.
3. Date of Birth,	2.26.'86
4. Place of Birth, (Street and Number)	10 S. Carrollton ave.
5. Full Name of Mother,	Almira Hays
6. Mother's Maiden Name,	" Tibbalts
7. Mother's Birthplace,	Md.
8. Full Name of Father,	Edw. Hays
9. Father's Occupation,	Boiler-maker
10. Father's Birthplace,	Md.
Name of Medical Attendant, or other Person who makes this Return	Edw. Janney M.D.
Address,	2412 N. Eutaw pl.
Remarks,	

HEALTH DEPARTMENT
MAR 8 1886
BALTIMORE, MD.

NY & CO., CITY PRINTERS AND STATIONERS.

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RETURN OF A BIRTH

85243

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Feb 26 1886
4. *Place of Birth, (Street and Number)* 26 Cole St
5. *Full Name of Mother,* Laura J. Carroll
6. *Mother's Maiden Name,* Laura J. Creamer
7. *Mother's Birthplace,* Baltimore city
8. *Full Name of Father,* Albert G. Carroll
9. *Father's Occupation,* Fireman on Railroad
10. *Father's Birthplace,* Maryland

Name of Medical Attendant, or other Person who makes this Return. Mrs Rachel A. Gaylord

Address, 670 West Pratt St

Remarks,

HEALTH DEPARTMENT, MAR 8 1886 BALTIMORE, MD.

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

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85244

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, MAR 6 1886 BALTIMORE MD.

No. of Child of Mother, (state whether 1st, ~~2d, 3d, &c.~~)

1. *Sex, (state whether male or female)*
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Feb 26/86
4. *Place of Birth, (Street and Number)* 662 Fayette
5. *Full Name of Mother,* Georgie Ford
6. *Mother's Maiden Name,* Georgie Chance
7. *Mother's Birthplace,* Balto Md
8. *Full Name of Father,* Chr. Ford
9. *Father's Occupation,* Clerk
10. *Father's Birthplace,* Balto Md

Name of Medical Attendant, or other Person who makes this Return. H. L. Spicer MD

Address, 387 S Lombard St

Remarks,

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

85245

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 Child.

1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race)
3. Date of Birth, Feb 2 1816
4. Place of Birth, (Street and Number) 286 Hanover st.
5. Full Name of Mother, Friedricke Pfeifer
6. Mother's Maiden Name, Zurmuihl.
7. Mother's Birthplace, America.
8. Full Name of Father, Louis Pfeifer.
9. Father's Occupation, Cigar maker.
10. Father's Birthplace, America

Name of Medical Attendant, or other Person who makes this Return. J. Lohwasser. Midwife.

Address, 330 Hanover st

Remarks,

HEALTH DEPARTMENT MAR 1 1886 BALTIMORE MD.

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH

85246

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
MAR 5 19[illegible]
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Feb 26th 1886
4. *Place of Birth, (Street and Number)*	21 S. Spring St
5. *Full Name of Mother,*	Elizebath Ornhoff
6. *Mother's Maiden Name,*	" Burn
7. *Mother's Birthplace,*	Ornthouse Ger.
8. *Full Name of Father,*	John Ornhoff
9. *Father's Occupation,*	Baker
10. *Father's Birthplace,*	Ornthouse Ger.
Name of Medical Attendant, or other Person who makes this Return.	Mrs J Groomy
Address,	466 N Gay St
Remarks,	

be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

hy & Co., City Printers and Stationers.

RETURN OF A BIRTH 85247

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, FEB 27 1886 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Feby 26th 1886
4. *Place of Birth, (Street and Number)* 104 Hanover St
5. *Full Name of Mother,* Alice J. Woodall
6. *Mother's Maiden Name,* " " Griffin
7. *Mother's Birthplace,* Kent Co Md
8. *Full Name of Father,* Andrew W. Woodall
9. *Father's Occupation,* Commission Merchant
10. *Father's Birthplace,* Kent Co Md

Name of Medical Attendant, or other Person who makes this Return Theodore Cooke M.D.

Address, 146 Hanover St

Remarks,

...be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH

85248

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First (1st)

1. Sex, (state whether male or ~~female~~) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, February 26th, 1886

4. Place of Birth, (Street and Number) No. 312 Jefferson Street

5. Full Name of Mother, Mrs. Cora Florenstine Hohman

6. Mother's Maiden Name, Miss Cora F. Speigel

7. Mother's Birthplace, Baltimore, Md.

8. Full Name of Father, Mr. Conrad Hohman

9. Father's Occupation, Butcher

10. Father's Birthplace, Baltimore, Md.

Name of Medical Attendant, or other Person who makes this Return. Wm. H. Clendinen, M.D.

Address, No. 102 North Broadway

Remarks,

HEALTH DEPARTMENT MAR 1 1886 BALTIMORE MD

be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH

85249

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th Child

1. Sex, (state whether male or female) Girl

2. Race or Color, (if not of the white race) White

3. Date of Birth, 26th of February

4. Place of Birth, (Street and Number) 122 South Washington street

5. Full Name of Mother, Thresia Kaufman

6. Mother's Maiden Name, Thresia Beisler

7. Mother's Birthplace, Germany

8. Full Name of Father, Bern Bleisler

9. Father's Occupation, Carpenter

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. Crescentia Kunkel

Address, 71 North Chapel street per Justina Kunkel

Remarks, Healthy

HEALTH DEPARTMENT MAR 1 1886 BALTIMORE, MD.

birth of any child shall occur without the attendance of a Physician or Practitioner of the healing art, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

...hy & Co., City Printers and Stationers.

85250

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) ~~Have~~ 10th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* the 26 February 1886
4. *Place of Birth, (Street and Number)* N 92 Pearl St Baltimore Md
5. *Full Name of Mother,* Sarah E Hickman
6. *Mother's Maiden Name,* Sarah E. Moren
7. *Mother's Birthplace,* Baltimore Md
8. *Full Name of Father,* Geo W Hickman
9. *Father's Occupation,* Plaster
10. *Father's Birthplace,* Baltimore Md

Name of Medical Attendant, or other Person who makes this Return Mrs W. Mannel. Midwife

Address, No 9 Pearl Ste.

Remarks,

HEALTH DEPARTMENT MAR 3 1886 BALTIMORE, MD.

be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

85251

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First Child

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* Febuary 1[illegible]

4. *Place of Birth, (Street and Number)* Baltimore 203 Lemon St

5. *Full Name of Mother,* Virginia Lee Simcoe

6. *Mother's Maiden Name,* Virginia Lee McCann

7. *Mother's Birthplace,* Baltimore Md.

8. *Full Name of Father,* Albert A. Simcoe

9. *Father's Occupation,* Private Watchman

10. *Father's Birthplace,* New Brunswick N. J.

Name of Medical Attendant, or other Person who makes this Return. Susan Hunter

Address, 21 N Pappleton St

Remarks,

HEALTH DEPARTMENT, MAR 3 1926 BALTIMORE MD.

phy & Co., City Printers and Stationers.

RETURN OF A BIRTH

85-252

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st child

1. *Sex, (state whether male or female)*

2. *Race or Color, (if not of the white race)*

3. *Date of Birth,* February 14th 1886.

4. *Place of Birth, (Street and Number)* #111 Patterson Park Ave

5. *Full Name of Mother,* Maggie E. Lutman

6. *Mother's Maiden Name,* Maggie E. Spellman

7. *Mother's Birthplace,* Baltimore City

8. *Full Name of Father,* John A. Lutman

9. *Father's Occupation,* Distiller

10. *Father's Birthplace,* Baltimore Co. Md.

Name of Medical Attendant, or other Person who makes this Return. Chas Haley

Address, 111 Patterson Park Ave

Remarks,

HEALTH DEPARTMENT MAR. 3 1 86 BALTIMORE, MD.

...ny & Co., City Printers and Stationers.

RETURN OF A BIRTH

85253

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) colored
3. Date of Birth, Feb 27th 1886
4. Place of Birth, (Street and Number) No 7 Jones Court
5. Full Name of Mother, Fannie Mannel
6. Mother's Maiden Name,
7. Mother's Birthplace, Mathews Co Va
8. Full Name of Father, John Dates
9. Father's Occupation, Seaman
10. Father's Birthplace, Norfolk Va

Name of Medical Attendant, or other Person who makes this Return Frances Anderson

Address, No 30 McClellan st.

Remarks,

HEALTH DEPARTMENT
MAR 1 1886
BALTIMORE, MD.

CITY PRINTERS AND STATIONERS.

85254

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT, APR 9 1886 BALTIMORE, MD.

[illegible] of Child of Mother, (state whether 1st, 2d, ~~3d, &c.~~)

1. *Sex, (state whether male or female)* Me
2. *Race or Color, (if not of the white race)* Col^d
3. *Date of Birth,* Feb 27 1886
4. *Place of Birth, (Street and Number)* 338 N Howard
5. *Full Name of Mother,* Fattie Pye
6. *Mother's Maiden Name,* " Cook
7. *Mother's Birthplace,* Va
8. *Full Name of Father,* John A Pye
9. *Father's Occupation,* Waiter
10. *Father's Birthplace,* Md

Name of Medical Attendant, or other Person who makes this Return C B Gamble Md

Address, Institutional Care 59 Cathedral

Remarks,

This notice [illegible]

of the parents, and the maiden name of the mother of such child or children.

DULANY & CO., CITY PRINTERS AND STATIONERS

NOTICE

The succeeding document was received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

RETURN OF A BIRTH.

85255

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, MAR 6 1886 BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st -

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) Light-brown

3. Date of Birth Feb. 27, 1886

4. Place of Birth, (Street and Number) # 47 St Mary's Pl -

5. Full Name of Mother, Blanche Cork

6. Mother's Maiden Name, Blanche Stemmer

7. Mother's Birthplace, Howard County

8. Full Name of Father, Agnus Cork

9. Father's Occupation, Coachman

10. Father's Birthplace, Carroll County

Name of Medical Attendant, or other Person who makes this Return. Louisa Lane

Address, 11 Foster St -

Remarks,

be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of said child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall thereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH

85256

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

HEALTH DEPARTMENT, MAR 6 1886 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, 27th of Feb 1886
4. Place of Birth, (Street and Number) Pennsylvania avenue No 111
5. Full Name of Mother, Emma E. picket
6. Mother's Maiden Name, Emma picket
7. Mother's Birthplace, Ky
8. Full Name of Father,
9. Father's Occupation,
10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return Lydia somerville

Address, Elliston Avenue 13

Remarks, She never was married

TY PRINTERS AND STATIONERS

NOTICE

The succeeding documents were received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

RETURN OF A BIRTH

8525/

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* Febry 27th 1886

4. *Place of Birth, (Street and Number)* 180 Boston St

5. *Full Name of Mother,* Hannah Rosenbaum

6. *Mother's Maiden Name,* Grunabaum

7. *Mother's Birthplace,* Baltimor

8. *Full Name of Father,* Abraham Rosenbaum

9. *Father's Occupation,* Liquor Dealer

10. *Father's Birthplace,* Ohio

Name of Medical Attendant, or other Person who makes this Return. S. H. Seldner M.D

Address, S.E. Cor. Eager & Caroline Sts

Remarks,

HEALTH DEPARTMENT APR 17 1886 BALTIMORE, MD.

by & Co., City Printers and Stationers.

RETURN OF A BIRTH

85258

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
MAR 5 1886
BALTIMORE MD

born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Feb. 27. 1886
4. *Place of Birth, (Street and Number)*	216 W. Hoffman St.
5. *Full Name of Mother,*	Lina Evans
6. *Mother's Maiden Name,*	Young
7. *Mother's Birthplace,*	Md.
8. *Full Name of Father,*	Charles Evans
9. *Father's Occupation,*	Librarian
10. *Father's Birthplace,*	Boston Mass
Name of Medical Attendant, or other Person who makes this Return.	Alfred Vanstaer, M.D.
Address,	228 N. Eutaw
Remarks,	

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall neglect or refuse to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

HEALTH DEPARTMENT
MAR 4 1886
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4te
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	27te Febearry
4. Place of Birth, (Street and Number)	Element St
5. Full Name of Mother,	Sofey Sleurt
6. Mother's Maiden Name,	Sofey Baekm
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	Mickel Sleurt
9. Father's Occupation,	Labeurer
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Mrs Ettel
Address,	No 13 Cuba St
Remarks,	

urphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

85260

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall herein fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Feby. 27, 1886

4. Place of Birth, (Street and Number) Maternité.

5. Full Name of Mother, Elizabeth Kind

6. Mother's Maiden Name, Do

7. Mother's Birthplace, Germany

8. Full Name of Father, —

9. Father's Occupation, —

10. Father's Birthplace, —

Name of Medical Attendant, or other Person who makes this Return. William S. Sonder M. D.

Address, Maternité

Remarks,

HEALTH DEPARTMENT
MAR 5 1886
BALTIMORE

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RETURN OF A BIRTH

85261

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Feby. 27, 1886
4. *Place of Birth, (Street and Number)* Maternité, 161 W. Lombard St.
5. *Full Name of Mother,* Nora Wise
6. *Mother's Maiden Name,* Do
7. *Mother's Birthplace,* Pa
8. *Full Name of Father,* —
9. *Father's Occupation,* —
10. *Father's Birthplace,* —

Name of Medical Attendant, or other Person who makes this Return. William S. Sandrow M.D.

Address, Maternité

Remarks,

HEALTH DEPARTMENT
MAR 5 1886
BALTIMORE

certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH 85262

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
MAR 5 1886
BALTIMORE MD

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd Child

1. Sex, (state whether male or female) Boy

2. Race or Color, (if not of the white race) White

3. Date of Birth, Saturday Feb 27th 86

4. Place of Birth, (Street and Number) 124 E. Chase St.

5. Full Name of Mother, Mrs. Mary V. Steer Reynolds.

6. Mother's Maiden Name, Mary V. Steer.

7. Mother's Birthplace, Baltimore Md.

8. Full Name of Father, Harry M. Reynolds

9. Father's Occupation, Carpenter

10. Father's Birthplace, Balt Md.

Name of Medical Attendant, or other Person who makes this Return Wilmer Brinton M.D.

Address, Chase St & Forrest Place

Remarks,

Birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH

85263

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
FEB 27 1886
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Feby 27th 1886
4. *Place of Birth, (Street and Number)* 241 N. Hedman St.
5. *Full Name of Mother,* Catherine J. Gassnell
6. *Mother's Maiden Name,* " " McMurray
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Howard A. Gassnell
9. *Father's Occupation,* Clerk
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Theodore Cooke M.D.C.

Address, 146 Hanover St.

Remarks,

certificate between the first and third day in each and every month of the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

rphy & Co., City Printers and Stationers.

RETURN OF A BIRTH 85264

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered before any other Jues and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 27 February
4. *Place of Birth, (Street and Number)* 29 W. Baltimore street
5. *Full Name of Mother,* Annie Smith
6. *Mother's Maiden Name,* Wright
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* James Smith
9. *Father's Occupation,* City Work
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return, Sarah Casper

Address, 72. E. Lombard

Remarks,

HEALTH DEPARTMENT MAR 1886 BALTIMORE, MD.

phy & Co., City Printers and Stationers.

852 65

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, February 27th 1886
4. Place of Birth, (Street and Number) No 10 Hell Str.
5. Full Name of Mother, Mary Johnson
6. Mother's Maiden Name, " Grau ling
7. Mother's Birthplace,
8. Full Name of Father, Andreas Johnso
9. Father's Occupation, Mariner
10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return. Mrs Elizabeth

Address, 120 Ba

Remarks,

HEALTH DEPARTMENT MAR 1 1886 BALTIMORE MD

...certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

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852 66

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
MAR 2 1886
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 27 of February
4. *Place of Birth, (Street and Number)* 31 Covington.
5. *Full Name of Mother,* Elize Jording.
6. *Mother's Maiden Name,* Elize Andre.
7. *Mother's Birthplace,* Casal Germany.
8. *Full Name of Father,* Charles Jording
9. *Father's Occupation,* Glass works.
10. *Father's Birthplace,* Mienden Germany.

Name of Medical Attendant, or other Person who makes this Return. Ms Munch

Address, 1 Ladenhall St

Remarks,

...certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter [illegible] to comply with the provisions of this section, shall be subject [illegible] the fine of ten (10) dollars for each offence to be recovered [illegible] other fines and forfeitures are recoverable.

...urphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

85267

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
MAR 2 1886
BALTIMORE MD

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth, Feb 27th 1886

4. Place of Birth, (Street and Number) No 3 Garrett Ave

5. Full Name of Mother, Emma Irene Briggs

6. Mother's Maiden Name, Blanchet

7. Mother's Birthplace, Baltimore

8. Full Name of Father, William Briggs

9. Father's Occupation, Laborer

10. Father's Birthplace, Mount Holly New Jersey

Name of Medical Attendant, or other Person who makes this Return. Elizabeth Yarnell

Address, 68 Scott Ave

Remarks,

certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offence to be recovered by other fines and forfeitures are recoverable.

Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

85268

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
MAR 2 1886
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or ~~female~~)
2. Race or Color, (if not of the white race)
3. Date of Birth, February 27th 1886
4. Place of Birth, (Street and Number) Baltimore 163 Lancaster St
5. Full Name of Mother, Emma Dixon
6. Mother's Maiden Name, Emma Hearle
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Geo W. Dixon
9. Father's Occupation, Lumber Inspector
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. Dr Mench

Address, 1 Leadenhall St

Remarks,

certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall neglect to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offence to be recovered, and forfeitures are recoverable.

Murphy & Co., City Printers and Stationers.

85269

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) = 8

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* = = White
3. *Date of Birth* Fefuary 27.
4. *Place of Birth, (Street and Number)* 210 William St.
5. *Full Name of Mother,* Margret Mattingley
6. *Mother's Maiden Name,* Margret Thierauch.
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Thos. E. Mattingley
9. *Father's Occupation,* Ferryman.
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs. Ann Nash

Address, 175 Battery ave.

Remarks,

BALTIMORE MD
2 1886

parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above [illegible]red, and any such person or persons who shall hereaft[illegible] to comply with the provisions of this section, shall be subje[illegible] the fine of ten (10) dollars for each offence to be recover[illegible]s other fines and forfeitures are recoverable.

[illegible]n Murphy & Co., City Printers and Stationers.

CITY HALL
BALTIMORE 2, MARYLAND

DEPARTMENT OF LEGISLATIVE REFERENCE

RECORDS MANAGEMENT DIVISION

CERTIFICATION

THIS IS TO CERTIFY THAT ON THIS 3rd DAY Dec.
OF 19__ THE MICROPHOTOGRAPHS APPEARING
HEREIN STARTING WITH #81806 AND
ENDING WITH #85269 ARE ACCURATE AND COMPLETE REPRODUCTIONS OF THE
RECORDS OF THE DEPARTMENT OF Health
BUREAU OF Vital Statistics AS DELIVERED
IN THE REGULAR COURSE OF BUSINESS FOR
PHOTOGRAPHING, AND THAT:

TO THE BEST OF MY KNOWLEDGE THE MICROFILM
MEETS THE REQUIREMENTS OF THE NATIONAL BUREAU
OF STANDARDS FOR PERMANENT MICROPHOTOGRAPHIC
COPY.

CAMERA OPERATOR: D McFaul

END OF REEL